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b6 b7C Personnel Security Interview (PSI) Guide
Reinvestigations

Purpose

This guide is intended to be used when interviewing FBI employees or associated personnel (such as contractors and task force officers) concerning the completeness and accuracy of their SF-86. It also serves to collect additional information that will be needed to conduct a security background investigation and, if needed, a polygraph examination.

Preparation for Interview

- ✓ Review the individual's SF-86;
- Review this PSI guide to determine which sections will be needed and which sections may not apply;
- Determine from the Reinvestigation Unit if the following items need to be covered:
- Item 9 Citizenship and Items (Additional information only for personnel who marked: "I am a naturalized U.S. citizen");
 - Item 18 Relatives (Additional information for personnel who indicated that one or more relatives were born outside of the U.S.);
 - Item 19 Foreign Contacts (Additional information for personnel who have provided names of foreign contacts on the SF-86 or in the previous question.)
- ✓ Advise the interviewee to bring the following items to the interview where appropriate:
- Current & expired passports (official; unofficial, foreign);
- A completed FD-772 (Foreign Travel) for any prior unreported foreign travel;
 - A completed FD-292 (Change in Marital Status) for any unreported marriage or divorce;
 - A completed FD-981 (Foreign Contact) for each unreported foreign contact;
 - A completed FD-773 (Co-Habitant, Roommate) for any unreported roommate(s) or co-habitant;
 - A completed FD-331 (Authorization for Outside Employment) for any unapproved outside employment;

Additional information on relatives that are not U.S. citizens (occupation, employer, telephone numbers and email addresses).

Instructions for the PSI

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- The PSI Guide is designed to be used while simultaneously reviewing an employee's SF-86. This guide incorporates two basic interview techniques that will help to increase the likelihood of obtaining complete and accurate information. First, the need for any information that may be considered as sensitive or personal is explained to the employee. This helps to remove any negative inferences that may be drawn as a result of being questioned about these topics. Second, instead of questions requiring a "yes" or "no" response, "open-ended" questions, or directions, are used to encourage an open discussion on the various topic areas.
- The items in this guide correspond with the items on the SF-86. This guide also solicits information in addition to that which is requested on the SF-86. Each item contains one or more instructions for the interviewer. All information in *bold italics* is to be read aloud to the interviewee just as it appears in this guide. If you see:
 - "VERIFY": You will be prompted to review and verify the information provided on the SF-86. (This appears for every item on the SF-86.)
 - "EXPLAIN": Read aloud the statement explaining why certain information is needed. (This, and the two instructions below, are generally used when information is being sought in addition to that which is addressed on the SF-86.)
 - "LEAD": Lead the employee into a discussion by reading aloud the open-ended question or direction.
 - "FOLLOW-UP": If the interviewee provides additional information, follow up with questions that will fill-in the details. Suggestions appear in the guide. Add follow-up information to the information previously provided (in the same space).
- Information provided by the employee during the PSI is to be handwritten in the appropriate spaces provided in this guide.
- After the interview is completed, type your handwritten answers in an electronic version of the PSI Guide in complete sentence and paragraph form. The PSI Report form will act as a supplement to the SF-86 for the purpose of conducting the employee's background investigation. The original handwritten copy shall be maintained in a 1A envelope and maintained in the employee's personnel file.

Post-Interview Checklist

- ✓ Place handwritten version of this PSI guide in a 1A envelope and maintain in the individual's official personnel file or appropriate 259/260 file.
- Copies of the typed version on this PSI, along with an attached copy of the SF-86 and other appropriate documents are to be submitted to:
- Division CSO;
- Field polygraph examiner (field divisions);
- Unit Chief, Polygraph Unit (HQ divisions); and
- Reinvestigations Unit.

REPORT

Personnel Security Interview (PSI): Reinvestigations

Official Bureau Name:
Thornes P Sullivan
Date of Birth .
March 23 1930
File Number:
259E-HQ > 1509672
Date of Interview / Time Start / Time Finish:
4/11/11 1:45 FM 4:00 PM
Interviewer:

b6 b7C

Opening Statement

The opening statement that follows should be read aloud to the interviewee at the beginning of the interview.

National directives, orders, and statutes require the FBI to conduct background investigations and periodic re-investigations of all employees and associated personnel, such as contractors and task force officers, for the purpose of determining eligibility for access to classified U.S. government information. As a result of these requirements, an investigation of your background has been initiated. You have been asked to complete an SF-86, Ouestionnaire for National Security Position, which encompasses a particular "investigation period". The purpose of this interview is to review and discuss the information that you have provided.

Information initially provided in an SF-86 can sometimes be incorrect or incomplete and is usually the result of an oversight or an honest mistake on the part of the person completing the form. However, incomplete and inaccurate information could also be part of a deliberate attempt to conceal information that would have a negative impact on an individual's eligibility for access to classified information. Therefore, it is important that we review your SF-86 and ensure that it is complete and accurate to the best of your knowledge. During this interview, if you recall any information that was inadvertently omitted from your original SF-86, or if you realize that you misread or misinterpreted a question when completing your SF-86, it is important the information is corrected prior to the conclusion of this interview. You will also be asked to provide additional information needed for your background investigation that was not specifically addressed on the SF-86. It is also important that this information is complete and accurate to the best of your knowledge.

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	oncerning your full name, date of birth, place of birth, and social security number, nation now accurate and complete?
	Office and the second complete.
Items 1 thr	u 4 (Additional information for all Individuals.)
EXPLAIN: A	dditional information is needed concerning your personal information.
IEAD 1. B.	von variation "
	you maintain any personal Internet profiles that discloses your employment with the sed by the public such as Face Book or My Space?
Cur be neces	set by the photic such as I are book of the space:
	ND
FOLLOW-U	P: Obtain details of names used, length of time account has been maintained, closed
Item 5 Oth	er Names Used
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EXPLAIN: C	Certain public records will be searched as a result of this investigation. It is
important the	at the FBI is aware of all names that have been used by you or have been used by
	ntify you in public records such as credit, financial, and/or court records during
the backgrou	and investigation period.
LEAD 1. O	ther than the names you listed on the SF-86, what other names, if any, have you
	the investigation period?
used during	
used during	
used during	$N \supset N$
used during	NO
FOLLOW-U	P: Obtain specific circumstances, names (entities and individuals involved) with nation, time periods, locations and other information needed to investigate further.
FOLLOW-U	P: Obtain specific circumstances, names (entities and individuals involved) with
FOLLOW-U.	P: Obtain specific circumstances, names (entities and individuals involved) with nation, time periods, locations and other information needed to investigate further.
FOLLOW-U.	P: Obtain specific circumstances, names (entities and individuals involved) with

Item 6 Mother's Maiden Name Review information on the SF-86 for this item and document any additions or corrections below: VERIFY: Concerning mother's maiden name, is this information now accurate and complete? Item 7 Your Identifying Information Review information on the SF-86 for this item and document any additions or corrections below: VERIFY: Concerning your identifying information, is this information now accurate and complete? Item 8 Your Contact Information EXPLAIN: In order to conduct your background investigation, it may be necessary for . investigative personnel to contact you directly for additional information. If you have contact information in addition to what you have already provided on your SF-86 please provide that information now. Review information on the SF-86 for this item and document any additions or corrections below:

VERIFY: Concerning your contact information, is this information now accurate and complete?

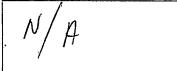
Item 9 Citizenship and Items 9A-9D

Review information on the SF-86 for the below:	hese items and document any additions or corrections
;	
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·	
VERIFY: Concerning your citizenship	o, is this information now accurate and complete?
	des
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Item 9 Citizenship and Items (Additional information only for personnel who marked: "I am a naturalized U.S. citizen." in Item 9) If required by the Reinvestigation Unit.

EXPLAIN: Additional information is needed for employees who are naturalized U.S. citizens. Any issues concerning the status of your citizenship within the investigation period need to be addressed. This includes any changes in the status of your citizenship in the U.S. or in a foreign country. Also of concern is any contact with U.S. or foreign officials regarding any type of citizenship issue that you may have encountered during the investigation period.

LEAD 1: Describe any problems or issues that occurred during the investigation period concerning your U.S. citizenship.



FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further. LEAD 2: Describe your current relationship with your country of birth or any other country where you have previously been a citizen.



FOLLOW-UP: Obtain the following information and document with information in box above.

- Frequency of contact with friends and relatives in the other country
- Plans to return temporarily or permanently (to live or retire there)
- Keeping up with events in the other country
- Reading publications or Internet articles regarding that country

LEAD 3: Describe any communication you have had with individuals associated with the

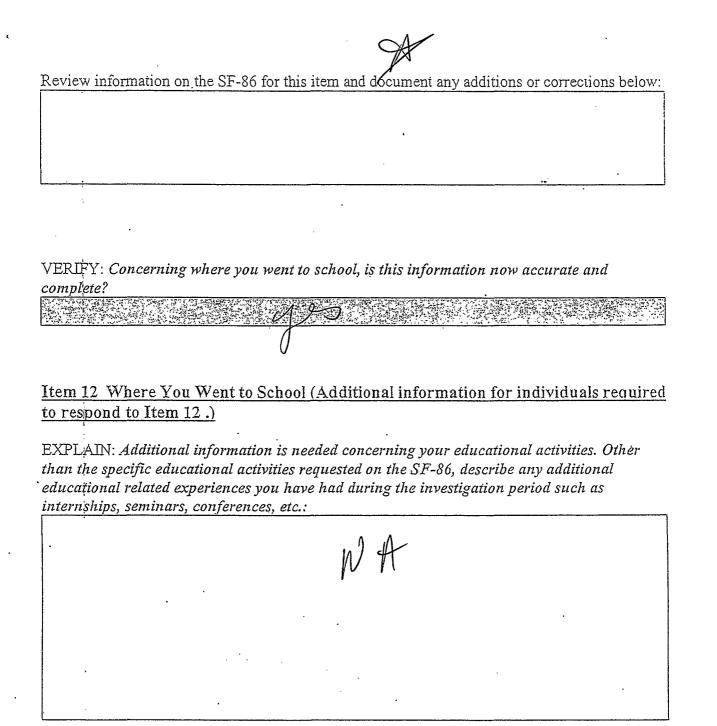
	N/A
	OLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.
1	tem:10 Citizenship Information
Ţ	Review information on the SF-86 for this item and document any additions or corrections below:
Ī	teview information on the 5r-80 for this item and document any additions of corrections below.
C Control of the Cont	complete?
-	tem 10 Citizenship Information (Additional information for personnel who marked YES" concerning multiple citizenship and CURRENTLY have multiple citizenship.)
	EXPLAIN: When an employee is a citizen of another country and the U.S. at the same time concerns about divided loyalties must be addressed.
Ţ	LEAD 1: How would you compare your loyalty to the U.S. to your loyalty to (the other country)?
1	

LEAD 2: Have you ever been detained by officials in (the other country) for anything other than

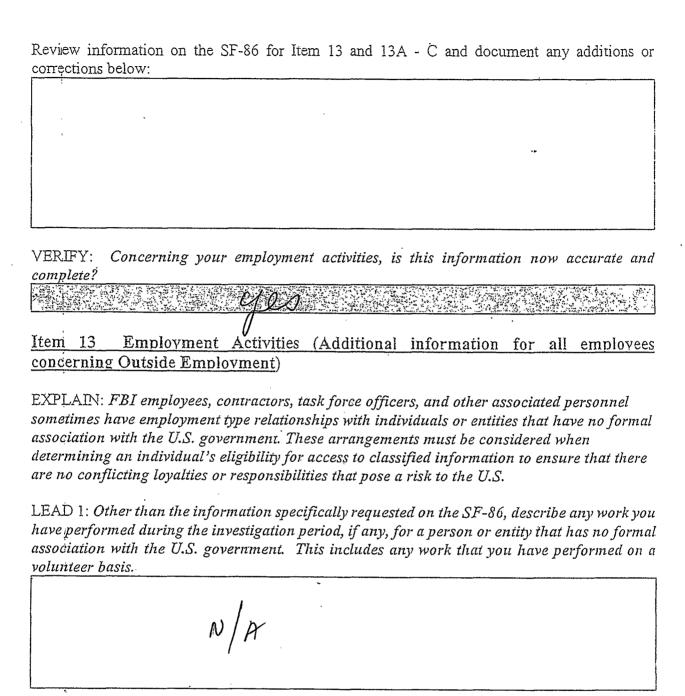
normal entry or exit procedures?
NA
FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further inneeded.
Item 11 Where You Have Lived
EXPLAIN: All places where you have resided for six month or more during the investigation period must be verified through investigation. LEAD 1: Provide any corrections or additions that need to be made to the information on you SF-86 concerning places where you have lived.
FOLLOW-UP: Obtain exact addresses and time periods as well as telephone numbers for contacts.
VERIFY: Concerning where you have lived, is this information now accurate and complete?
Item 11 Where You Have Lived (Additional information for all individuals)
EXPLAIN: In addition to the information that you have provided about places where you have lived, additional information is needed to complete your background investigation.
LEAD 1: For each residence, provide the names, relationship (relative, roommate, etc., citizenship, and current telephone numbers of all individual in which you shared a residence during the last 5 years?
NA.

	•	
	NO	
AD 3: Provide the names and locations gative information about you, if any, and y		ny provide
	NONC	
AD 4: Are there any places where you hav ficult to confirm?	ve lived during the investigation period t	hat will be
iciu to confirm:		
	ND	
AD 5: Do you own any properties that are	rented to others?	
400/2		

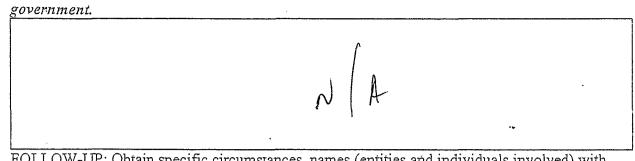
Item 12 Where You Went to School



Item 13 Employment Activities



LEAD 2: Describe any employment related payments or benefits you have received during the investigation period, if any, from a person or entity that has no formal association with the U.S.



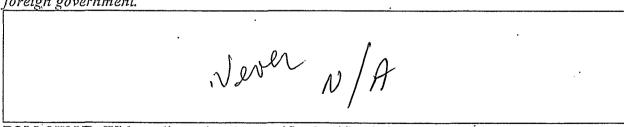
FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

Additional information for all employees concerning Classified Information

LEAD 1: In order to understand the frequency with which you have been exposed to classified information while holding a clearance with the U.S. government, characterize your past exposure as either "none", "some", or "frequent" as it pertains to the following classification levels:

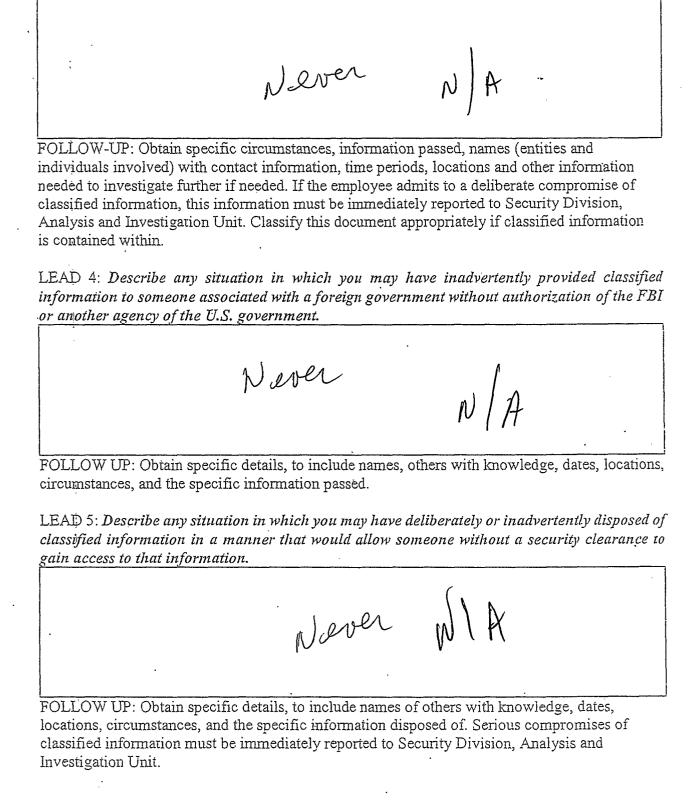
Confidential:	
Some.	
Secret:	
sme	V.
Top Secret (Including SCI):	
None	

LEAD 2: As a result of your employment or association with the U.S. government, describe any situation in which it was your job to provide classified information to someone representing a foreign government.



FOLLOW UP: Without discussing the specific classified information provided, obtain details concerning the circumstances under which the classified information was passed and the authority for passing such information.

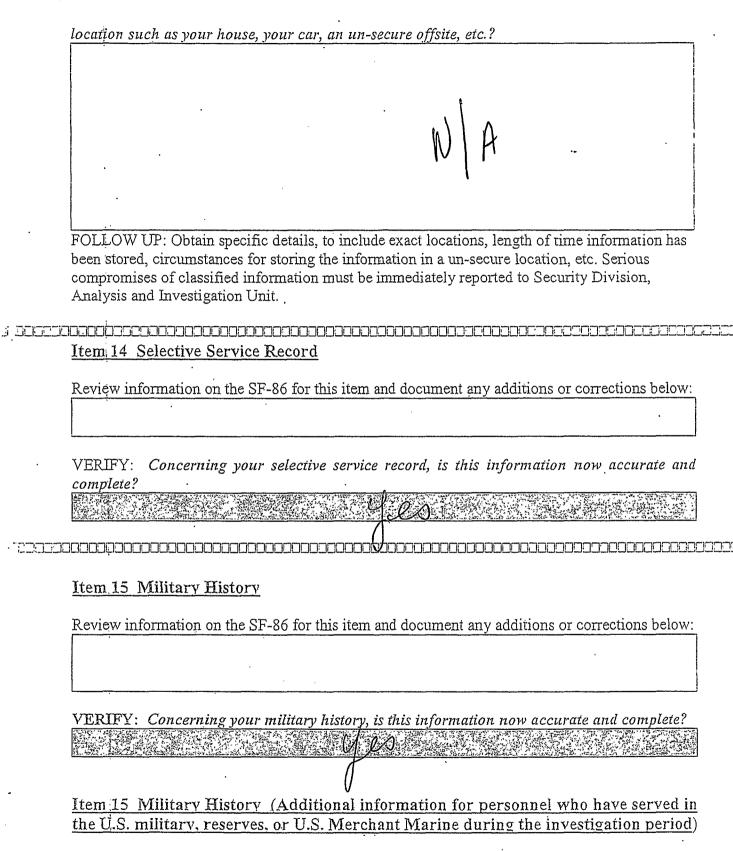
LEAD 3: Describe any situation in which you provided classified information to someone



representing a foreign government without the authorization of the FBI or another agency of

the U.S. government.

LEAD 6: What classified information, if any, might you currently have stored in an un-secure



EXPLAIN: Additional information is needed concerning your military activity. In order to fully understand your military history during the investigation period, describe your experiences in the following areas:

LEAD 2: Highest clearance level: Nowl Section	. ,
LEAD 3: Loss or removal of a clearance prior to your discharge LEAD 4: Foreign countries to which you have been deployed to the second prior of th	
LEAD 4: Foreign countries to which you have been deployed 1953-195 LEAD 5: Description of contact with foreign military government agencies: FOLLOW-UP: Obtain circumstances and details of any informinterest.	rete NA
LEAD 5: Description of contact with foreign military government agencies: NON FOLLOW-UP: Obtain circumstances and details of any informinterest.	rge:
LEAD 5: Description of contact with foreign military government agencies: NON FOLLOW-UP: Obtain circumstances and details of any informinterest.	NA
LEAD 5: Description of contact with foreign military government agencies: NON FOLLOW-UP: Obtain circumstances and details of any informinterest.	ž:
FOLLOW-UP: Obtain circumstances and details of any informinterest.	4
FOLLOW-UP: Obtain circumstances and details of any informinterest.	or civilians working for foreign
interest.	4 NA
	nation with a security related
	:000G000000000000000000000000000000000
Item 16 People Who Know You Well	
Review information on the SF-86 for this item and document Passed 2011 —	any additions or corrections below:

VERIFY: Concerning people who know you well, is this information now accurate and

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complete?
Z
Item 17 Marital Status
Review information on the SF-86 for Item 17 (17A-C will be reviewed afterward) and document
any additions or corrections below:
VERIFY: Concerning your marital status, is this information now accurate and complete?
Item 17A Current Spouse
item 1/A Current Spouse
Review information on the SF-86 for this item and document any additions or corrections below:
The state of the birds and the best that the state of the best that the state of the best the best the best that t
N/A
/ '
VERIFY: Concerning your current spouse, is this information now accurate and complete?
$oldsymbol{V}$
Item 17A Current Spouse (Additional information for personnel who listed a
current spouse)
EXPLAIN: Additional information is needed concerning your spouse.
LEAD 1: Describe the current employment situation of your spouse.
1. Describe the current employment stitution of your spouse.
O A V

FOLLOW-UP: Obtain details of employment to include name of employer, address, periods of employment, position, salary, etc.

Item 17B Former Spouse(s)
Review information on the SF-86 for this item and document any additions or corrections below:

VERIFY: Concerning former spouse(s), is this information now accurate and complete?
Item 178 Former Sponso(s) (Additional information for personnel who have been
Item 17B Former Spouse(s) (Additional information for personnel who have been divorced during the investigation period)
and the second second portion,
EXPLAIN: Additional information is needed concerning your divorce. When determining an
individual's eligibility for access to classified information, the FBI is required to identify any financial problems, or potential financial problems, that may leave that individual open to
coercion. A requirement or agreement to provide financial support to individuals affected by
a separation or divorce can create a significant financial burden on the individual providing
the support. Therefore, it is important that we discuss any such obligations that you have
now or may have in the near future.
LEAD 1: Are you currently making any payments related to your divorce, whether
court-ordered or voluntary, or do you foresee making any such payments in the future?
NO/NA
·
FOLLOW-UP: Obtain amounts, type of payment schedule, and when it will terminate.
Item 17C Co-Habitant
Review information on the SF-86 for this item and document any additions or corrections below:
1
Country Sports

VERIFY: Concerning your co-habitant, is this information now accurate and complete?

Item 17C Co-Habitant (Additional information for personnel who listed a co-habitant)

EXPLAIN: Additional information is needed concerning your co-habitant.

LEAD 1: Describe the current employment situation of your co-habitant.

Roberto Spouse

FOLLOW-UP: Obtain details of employment to include name of employer, address, periods of employment, position, salary, etc.

Item 18 Relatives

Review information on the SF-86 for this item and document any additions or corrections below:



VERIFY: Concerning relatives, is this information now accurate and complete?

Item 18 Relatives (Additional information for personnel who indicated that one or more relatives were born outside of the U.S.) If required by the Reinvestigation Unit.

EXPLAIN: Additional information is needed concerning your foreign born relatives. Certain security issues must be addressed when FBI personnel have any family members with ties to a foreign country.

LEAD 1: Do you have any reason to believe that a foreign born relative is associated, in any way, with the government or military of another country? (This information may be provided in Item 20B number 4. If not, document fully here.)

NO NA

FOLLOW-UP: Ask the interviewee is this information has already been provided to the FBI. If not, obtain names of family members and specific government entities or military branches, details of associations, dates of associations, etc.

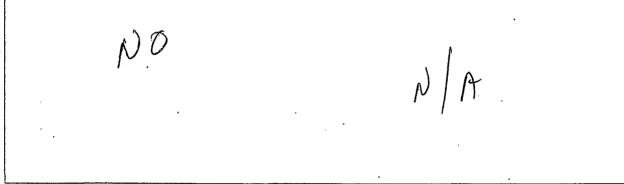
LEAD 2: Do you have any reason to believe that a foreign born relative is associated, in any way, with a group or organization that may wish to harm the U.S., its citizens, or any of its

overseas interests?
NO/N/A
FOLLOW-UP: Obtain names of family members and any specific groups or organizations, details of associations, dates of associations, extent of involvement, etc.
LEAD 3: Do you know, or even suspect, that any foreign born relative may be involved in any criminal activity in a foreign country?
NO/ N/A
FOLLOW-UP: Obtain names of family members and specific criminal activities, details of criminal activities, dates of criminal activities, etc.
LEAD 4. For each immediate relative that is not a U.S. citizen, provide their name, their occupation, employer, telephone number and email address.
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Review information on the SF-86 for this item and document any additions or corrections below:
VERIFY: Concerning foreign contacts, is this information now accurate and complete?

Item 19 Foreign Contacts (Additional information for all personnel)

EXPLAIN: This section concerns close and continuing contact with foreign nationals. The term "foreign national" refers to any person who is a citizen of a country other than the U.S. The term "close and continuing" refers to any type of contact conducted in a routine manner or on an ongoing basis whether it be face-to-face, telephonic, electronic, through written correspondence or otherwise. Since the FBI must minimize any possibility that sensitive information will fall into the hands of a foreign government without its knowledge, certain security issues must be addressed when FBI personnel have ongoing contact with foreign nationals, whether the contact is direct or through family members.

LEAD 1: In addition to any information that you may have already provided on your SF-86, do you or your family members have any close and continuing contact with any individuals who you either know, believe, or suspect to be foreign nationals which haven't been reported to the FBI via the FD-981 form?



FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

Item 19 Foreign Contacts (Additional information for personnel who have provided names of foreign contacts on the SF-86 or in the previous question) If require by the Reinvestigation Unit.

LEAD 2: Additional information is needed concerning your foreign contacts. Do you have any reason to believe that any of your foreign contacts are associated with the government or military of another country? (This information may be provided in Item 20B number 4. If not, document fully here.)



FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved),

occupation, employer, contact information (telephone, email address), time periods, locations and other information needed to investigate further.

Item 20 Foreign Activities

Review the information provided in Items 20A - 20C and document any additions or corrections below:

VERIFY: Concerning foreign activities, is this information now accurate and complete?

Item 20 Foreign Activities (Additional information for all personnel)

EXPLAIN: Additional information is needed concerning Foreign Activities. The purpose of this section is to determine if employees with access to classified U.S. government information pose any risk to the security of the U.S. as a result of any association with, or interest in, a foreign country. Something that may not be a security concern today may become a security concern in the future as a result of the ever changing international political climate. Therefore, the FBI must be aware of any associations, privileges, rights, or interests that you may have in any foreign country to fully assess your eligibility for access to classified information.

LEAD 1: With this in mind, is there any other information that you need to provide concerning your rights, privileges, or associations with a foreign country?

None

Item 20 Foreign Activities (Additional information for individuals who answered "YES" to any question in sections 20A through 20B)

LEAD 2: For each positive response to any question in sections 20A through 20B, please provide specific detail and dates if appropriate.

none/NA

Item 20 Foreign Activities (Additional information for applicants who listed foreign travel in 20C)

EXPLAIN: Additional information about your foreign travel is needed. When traveling to a foreign country as a U.S. citizen, you are always at risk of being assessed or recruited by individuals or organizations, seeking unauthorized access to classified U.S. government information. The risk is even greater if it is known to one of these individuals or organizations that you are employed by the U.S. government. Recruitment usually starts as an attempt to befriend or endear the traveler. As a result of the security risks associated with travel to foreign countries, it is important that we discuss certain aspects of the foreign travel that you engaged in during the investigation period.

LEAD 1: While on travel, did you engage in any activity that would be considered illegal either in that country or here in the U.S.?

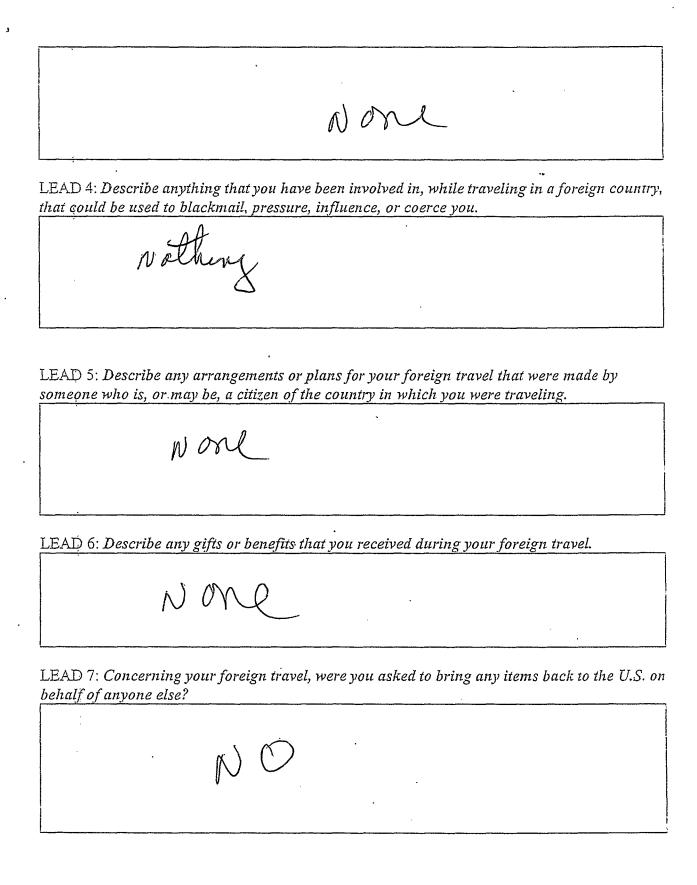
NO

FOLLOW-UP: If yes, get specific information to include dates, names of people involved, name of country and activity.

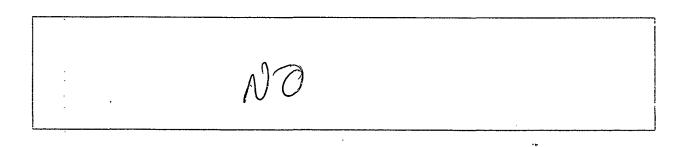
LEAD 2: Based on the previously mentioned risks, did you experience anything suspicious or unusual while on foreign travel?

NO

LEAD 3: Describe any situation in which you have maintained contact with any person that you met while traveling to a foreign country who is, or may be, a citizen of that country.



LEAD 8: During your foreign travel, were you detained by government officials for anything other than normal security or customs procedures?



LEAD 9: While on foreign travel, did you loose, misplace, or discard any items or documents that would identify you as being associated with the FBI?



LEAD 10: Describe any situation, while on foreign travel, in which you deliberately or inadvertently provided any classified U.S. government information to a foreign national without the authorization of the FBI or another agency of the U.S. government.

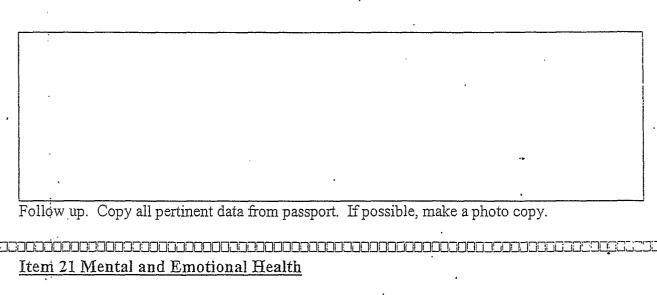


LEAD 11: After discussing your foreign travel and the risks associated with such travel, is there anything that you now feel may be a security concern to the FBI?



FOLLOW UP: For any information provided in the previous sections concerning foreign travel, obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

LEAD 12: Describe your use of <u>any</u> passports during the investigation period.



Review the information on the SF-86 for this item and document additions or corrections below:

VERIFY: Concerning your mental and emotional health, is this information now accurate and complete?

Item 21 Mental and Emotional Health (Additional information for personnel who DID NOT provide any information concerning mental or emotional health consultations)

EXPLAIN: Additional information concerning the topic of mental and emotional health is needed for this investigation. The SF-86 specifically requests information concerning mental health consultations. However, what may be more important in determining an individual's eligibility for access to classified information, is whether that individual has decided to ignore signs that they may have a serious mental or emotional health problem. Therefore, it is important that we also discuss mental or emotional issues, if any, that have gone unaddressed. LEAD 1: Are you concerned that you are currently suffering from any significant mental or emotional health issue for which you have decided not to seek professional help or EAP assistance?

NO.

FOLLOW-UP: If the individual indicates that some condition may exist, ask them for a general description of their condition. Do not press them for details if information is not provided. You may consider referring the individual to an EAP counselor if a significant issue is disclosed.

Item 22 Police Record

Review information on the SF-86 for this item and document any additions or corrections below:
VERIFY: Concerning your police record, is this information now accurate and complete?
Item 22 Police Record (Additional information for all personnel)
EXPLAIN: Additional information concerning illegal activity is needed for your investigation.
Since illegal activity is not always reflected in law enforcement or court records, the FBI must
also investigate whether employees or associated personnel are involved in any illegal activity
that has gone undetected. Therefore, it is important that we discuss any illegal activity that you may have been involved in, or associated with, during the investigation period.
you may have been involved in, or associated with, during the investigation period.
LEAD 1: Have you been involved in any activity during the investigation period for which you
could have been arrested?
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FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with
contact information, time periods, locations and other information needed to investigate further.
LEAD 2. Other than work related matters, what personal exposure have you had with others
who have been involved in any serious criminal activity?
None
FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with
contact information, time periods, locations and other information needed to investigate further.
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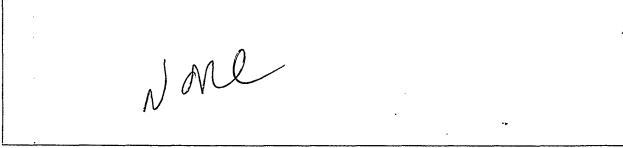
Item 23 Illegal Use of Drugs or Drug Activity

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Item.24 Us	se of Alcohol
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Review infor	mation on the SF-86 for this item and document any additions or corrections below
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· · · · · ·	
LEAD 1: Con	ncerning use of alcohol, is this information now accurate and complete?
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	restigations and Clearance Record
Review infor	mation on the SF-86 for this item and document any additions or corrections below
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~ ~ ~ ~	ncerning your investigations and clearance record, is this information now

Item 25 Investigations and Clearance Record (Additional information for personnel who answered "YES" to 25a)

EXPLAIN: Additional information is needed concerning your investigations record. Polygraph examinations are sometimes required by the federal government when determining an individual's eligibility for access to classified information.

LEAD 1: Describe any polygraph experience you may have had with a federal agency other than the FBI.



FOLLOW-UP: Obtain details concerning the scope of the examination, when the examination was administered, and whether the individual passed or failed (if known).

Item 26 Financial Record

Review information on the SF-86 for this item and document additions or corrections below:

VERIFY: Concerning your financial record, is this information now accurate and complete?

Item 26 Financial Record (Additional information for all individuals)

EXPLAIN: Additional information is needed concerning your financial record. The security concern with individuals who are financially overextended relates to their potential for being tempted to engage in espionage or other illegal activities for the purpose of generating additional income. Substantial "outside" income or assets beyond an individual's means can also raise questions about that individual's activities and associations. As a result, the FBI conducts financial investigations of all personnel to determine if a significant security concern exists. Therefore, it is important that we discuss any undisclosed financial obligations or unexplained significant income that has not been previously addressed in this investigation.

LEAD 1: What substantial assets or gifts do you or your spouse have or received that have not been reported to the FBI as a result of this investigation or through the FBI's Financial Disclosure Program? If asked for a monetary amount, use \$10,000 as a threshold.

N one

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VERIFY: Concerr and complete?	ning use of information	technology sysi	ems, is this i	nformation no	ow accurate
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Item 28 Involve	ement in Non-Crimina	l Court Actio	ns		
Review information	on on the SF-86 for this it	em and docume	nt any additio	ons or correction	ons below:
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	ning your involvement is	1 any non-crim	inal court ac	tions, is this in	nformation
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Item 29 Association Record (Additional information for all personnel)

EXPLAIN: Additional information is needed concerning your association record. There are specific security concerns associated with any group or organization that uses violence, or the threat of violence, to further their agendas. An individual's involvement with any such group must be assessed when determining eligibility for access to classified U.S. government information.

LEAD 1: Have you ever been involved or associated with any group or organization that has used, or has threatened to use, violence or physical force against others to further their views or beliefs?

NO

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

LEAD 2: Have you ever provided any type of support for a group or organization that has used, or has threatened to use, violence or physical force against others to further their views or beliefs?

NZ

FOLLOW-UP: Obtain specific circumstances, names (entities and individuals involved) with contact information, time periods, locations and other information needed to investigate further.

COVER ALL

EXPLAIN: We have discussed the information that you provided on your SF-86 and we have also discussed additional information that will be needed to conduct your background investigation.

LEAD: What additional information, if any, does the FBI need to know about your background that is important when determining your eligibility for access to classified information?

None

	. <u>Continuation Space</u>	
· <u>Item #</u>	Comment	

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TO:	All	Personnel	
FROM:			

In case any of you were out of town or failed to see the Friday, May 1st Chicago Tribune, I have made a copy of the well deserved editorial compliment which Tom Sullivan received.

Tom Sullivan's exemplary record

When Thomas Sullivan took the position of United States Attorney, leaving a good law practice, he made it clear that he was doing so out of a feeling of duty. He intended from the outset to do a craftsmanlike, professional job of it. He had no hidden partisan or personal agendas to complete during his four year term. And he did not plan to use the office as a stepping stone. He has fulfilled these intentions, and the Chicago area has been well served.

He has not had a high profile. That was his intention, too. He did not play to the grandstand or the press. He did not tolerate leaks from his office. But he did not feel obliged to go on the attack against journalists, either.

One way of summarizing his term in office is to say that he always appeared to be playing it absolutely straight. Even in the prosecution of former Ill. Atty. Gen. William Scott, which drew him heavy criticism, his own behavior was restrained.

Another way of summarizing his service as the area's chief federal prosecutor is to say that he behaved just as the textbooks say a U.S. attorney should. He did not shy away from a case because of its political implications. But neither did politics lure him to undertake an investigation that on purely legal grounds he should have forgotten about. His has been a prosecutor's zeal tempered by competence and by the recognition of the responsibilities that a prosecutor's power carries with it.

Even though we are impressed by Mr. Sullivan's successor, Dan Webb, we are sorry to see Mr. Sullivan return to the private practice of law. As at the beginning of his term, so throughout his years in office, Mr. Sullivan saw his first and overriding obligation as service to the community and the laws that protect it.

b6 b7C

Thomas P. Sullivan	 	 	Person ID:	
			1851	

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ployment type: Il Time Regular	Probation pd: Probation units:
Employment Busine	ess Unit:	Probation end date:
Date hired: Sep 27 1954 Hire-Rehire date: Sep 27 1954	Date terminated: Previous Hire Date: Sep 27 1954	Service: Years Months This employment: 56 6 Actual total:
Anniversary Date: Sep 27 1954 Vac Accrual Date: Sep 27 1954	Longv Bonus Date: Sep 27 1954 Training end date:	Continuous: 56 6 Benefit program: Partners

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FEDERAL BUREAU OF INVESTIGATION

To: BICS

Attn: Scoping Supervisor

Chicago

Attn: 259 Supervisor

From: Security

Personnel Security Investigative Section (PSIS) Presidential Appointee and Task Force Investigation

Unit (PATFU)
Contact: PSS
10861
Room

Approved By:

Case ID #: 259D-HQ-1509672 7 (Pending)

Title: THOMAS PATRICK SULLIVAN

Drafted By:

SECURITY CLEARANCE INVESTIGATION PROGRAM

OTHERS-ACCESS TO NATIONAL SECURITY INFORMATION

CLASSIFIED INFORMATION

NFIP-FBISEC

THIS CASE HAS A COURT IMPOSED DEADLINE.

Synopsis: Initiation of a background investigation

Administrative: Reference is made to the Manual of Investigative Operation and Guidelines (MIOG), Part I, Section 259: and MIOG, Part II, Section 17.

Enclosure(s): A copy of an SF-86, "Questionnaire For National Security Position."

Details: Captioned individual is a candidate for a "Top Secret" security clearance to determine his "trustworthiness" for access to National Security Information (NSI). This background investigation will cover a ten-year scope.

Conduct an investigation in accordance with general instructions contained in Part I, Section 259, MIOG and specific instructions set forth on the enclosed SF-86.

Appropriate field offices should conduct arrest and indices checks on the candidate and the candidate's listed relatives. The candidate's name should be checked at all places of residence, education and employment.

b6 b7С b7Е To: BICS From: ecurity

Re: 259D-HQ-1509672, 09/29/2005

Field offices having territorial jurisdiction of the candidate's interview will conduct a candidate interview in accordance the instructions contained in Part II, Section 17-5.6, MIOG. The purpose of this interview will be to verify the completeness and accuracy of the SF-86 and thereafter focus on issues which may impact on a decision of trustworthiness. Issues would include, but not limited to: foreign travel and association, lifelong drug use, financial responsibility, involvement in criminal activity and roommates. Conduct the above interview promptly and advise the Bureau and/or pertinent field offices of relevant information developed.

Recipients must pursue an aggressive and thorough investigation to resolve questionable or derogatory information regarding the candidate. Ensure that any name/biographical discrepancies, arrests, convictions, dispositions, and pattern of financial irresponsibility or moral turpitude are thoroughly addressed prior to submitted final documents to FBIHQ. Physical records and/or third party interviews should be obtained for purpose of resolution.

Field divisions are advised to conduct the necessary background investigation thoroughly and completely address all issues developed during the investigation and set all appropriate leads for same.

Any questions or issues developed during the course of this investigation should be directed to PATFU, Attn: PSS

b6

b7C b7E

Submit results of completed investigation by Buded to the Presidential Appointee and Task Force Investigation Unit.

To: BICS From: Security

Re: 259D-HQ-1509672, $09/\overline{2}9/2005$

LEAD(s):

Set Lead 1: (Action)

BICS

AT VIENNA

Verify listed residence.

Verify education.

Verify listed employments. Interview supervisor, coworkers and review personnel files,

Interview listed references.

Set Lead 2: (Action)

CHICAGO

AT CHICAGO

Conduct FCI interview, to include interview of candidate regarding issues/concerns as stated in MIOG Part II, 17-5.6.

Also, interview the candidate regarding question #17 "Foreign Activities" and #18 "Foreign Countries You Have Visited" as well as the candidate's contact with foreign officials. Ascertain detailed information regarding foreign business, travel, activities and/or connections with foreign nationals.

Conduct arrest and indices checks on the candidate.

Conduct State Bar and Grievances records check.

Standard Form 86 (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036

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	WHERE	YOU	HAVE	LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

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Name of Person Who Knew You	Street Address Apt. #	City (Country)	State ZIP Code	Telephone Number
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List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education

•Use one of the following codes in the "Code" block:

Enter your Social Security Number before going to the next page-

completely outside this 3-year period.

1 -	High	School
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2 - College/University/Military College

3 - Vocational/Technical/Trade School

342-22-7548

For correspondence schools and extension classes, provide the address where the records are maintained. Month/Year Month/Year Code Name of School Degree/Diploma/Other Mdnth/Year Awarded 6/52 LLB 9/49 to 6/52 2 Loyola Univ. Law School Street Address and City (Country) of School State ZIP Code IL 60611 One East Pearson Street, Chicago Name of Person Who Knew You Street Address City (Country) ZIP Code Telephone Number Apt. # State Month/Year Month/Year Code Name of School Degree/Diploma/Other Month/Year Awarded #2 Street Address and City (Country) of School State ZIP Code Name of Person Who Knew You Street Address City (Country) Apt.# State ZIP Code Telephone Number Month/Year Month/Year Name of School Code Degree/Diploma/Other Month/Year Awarded #3 To Street Address and City (Country) of School State ZIP Code Name of Person Who Knew You Street Address City (Country) State | ZIP Code Telephone Number Apt.#

1

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- Ocde. Use one of the codes listed below to identify the type of employment:
 - 1 Active military duty stations
 - 2 National Guard/Reserve
 - 3 U.S.P.H.S, Commissioned Corps
 - 4 Other Federal employment
- 5 State Government (Non-Federal employment)
- 6 Self-employment (Include business name and/or name of person who can verify)
- 7 Unemployment (Include name of person who can verify)
 - person who can verify)
 Federal Contractor (List Contractor,

9 - Other

not Federal agency)

Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent

period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information. 'Month/Year Employer/Verifier Name/Military Duty Location Month/Year Code Your Position Title/Military 9 Partner 4/81 To , Present Jenner & Block LLP Employer's/Verifier's Street Address City (Country) State ZIP Cøde hone Number 60611 12) 222-9350 One IBM Plaza IL Chicago Street Address of Job Location (if different than Employer's Address) ZIP Code City (Country) State lephone Number Telephone Number Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code None Month/Year Month/Year Position Title Supervisor **PREVIOUS** То PERIODS Month/Year Month/Year Position Title Supervisor OF To ACTIVITY Month/Year Position Title Month/Year Supervisor (Block #1) To Employer/Verifier Name/Military Duty Location Your Position Title/Military Rank Month/Year Month/Year Code To Employer's/Verifier's Street Address City (Country) ZIP Code Telephone Number State Street Address of Job Location (if different than Employer's Address) ZIP Code Telephone Number City (Country) Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number Month/Year Month/Year Position Title Supervisor **PREVIOUS** То **PERIODS** Month/Year Month/Year Position Title Supervisor OF To **ACTIVITY** Month/Year (Block #2) Month/Year Position Title Supervisor To Employer/Verifier Name/Military Duty Location Month/Year Month/Year Your Position Title/Military Rank Code #3 Employer's/Verifier's Street Address City (Country) State ZIP Code Telephone Number Street Address of Job Location (if different than Employer's Address) City (Country) State ZIP Code Telephone Number Supervisor's Name & Street Address (if different than Job Location) City (Country) State ZIP Code Telephone Number Month/Year Month/Year Position Title Supervisor **PREVIOUS** To **PERIODS** Month/Year Month/Year Position Title Supervisor OF To **ACTIVITY**

Enter your Social Security Number before going to the next page

Position Title

Month/Year

Month/Year

To

(Block #3)

342-22-7548

Supervisor

Month/Y		Code	Employer/Verifier Name/Mil	itary Duty Location		Your Po	osition Title/Milit	ary Rank
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Supervisor's	Name & Street Address	(if differer	it than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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Street Addre	ss of Job Location (if diff	erent than	Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
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3upervisor's	Name & Street Address	(if differen	it than Job Location)	City (Country)		State	ZIP Code	Telephone Number ()
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#6	То					ļ	T	
	/erifier's Street Address			City (Country)		State	ZIP Code	Telephone Number ()
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(Block #6)		nth/Year	Position Title		Supervis	sor		
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4									
3 9 v	YOUR SPOUSE								
•	Mark one box to show your current	narital sta	itus and provide	information about you	ur spouse(s) in items a.	ang/or b.			
Γ	1 - Never married		3 -	Separated	1	5 - Divo	rced		
	X 2 - Married		4 -	Legally Separated		6 - Wide	owed		
) (Current Spouse Complete the follo	wing abo	ut your current s	pouse only.					
F	Full Name		Date of I	Birth	Place of Birth (Include	e country if ou	tside the U.S.)	Social Secur	rity Number
Г			•		•				
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	•		/		·····				
_	Former Spouse(s). Complete the fo	llowing at					1-1-4 11-5	· · · · · · · · · · · · · · · · · · ·	
	Full Name		Date of B		Place of Birth (Include	•	isiae the U.S.)		State
	Susan A. Kreyer		1/6/		Cook County				IL
	Country(ies) of Citizenship	-/-	Date Ma		Place Married (Includ	e country if ou	itside the U.S.)		State .
	U.S.		6/30	<u> </u>	Glenview				IL
(Check one, Then Give Date M	onth/Day/	Year If Divorc	ed, Where is the Rec	ord Located? City (Co	untry)			State
Γ	Divorced Widowed			•					•
- 7	Address of Former Spouse (Street,	city, and c	country if outside	the U.S.)		State	ZIP Code	· Telephone N	lumber
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	YOUR RELATIVES AND ASSOCIAGIVE the full name, correct code, an		guested informs	tion for each of cours			d		
	, , , , , , , all			figh fot b ach or voin r	elatives and associated	s. livina or dea	d. Specified herow	V.	
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If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 Citizenship Certificate: Provide the date and location issued (City and State).
- 3 Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 Other: Provide an explanation in the "Additional Information" block.

Association #1	Name .	Date	of Birth (Month/Day/)	/ear)
Certificate/Registration#	Document Code	Additional Information		
Association #2	Name	Date	of Birth (Month/Day/)	(ear)
Certificate/Registration#	Document Code	Additional Information		
YOUR MILITARY HISTORY			Yes	No
Have you served in the Uni	ted-States-military?	and the second s	×	
Have you served in the Uni	ted States Merchant Ma	rine?		х

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- •Code. Use one of the codes listed below to identify your branch of service:
- 5 Coast Guard
- 1 Air Force 2 - Army
- 3 Navy
- 4 Marine Corps
- 6 Merchant Marine
- 7 National Guard

- •O/E. Mark "O" block for Officer or "E" block for Enlisted.
- *Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
- *Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year Month/Year	Code	Service/Certificate#	0	E		Sta	itus	Country		
					Active	Active Reserve	Inactive Reserve	National Guard (State)	Country	
9/52 To 8/54	2	US55 292 790		x	x					
То										

D	YOU	REIGN ACTIVITIES .	Yes	No						
. 0	rou have any foreign property, business connections, or financial interests?	x								
	0	Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?								
	Θ	Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)								
	0	e last 7 years, have you had an active passport that was issued by a foreign government?		x						

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year Month/Year	Firm and/or Government	Explanation
То		
T.o		,

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- •Use one of these codes to indicate the purpose of your visit: 1 Business 2 - Pleasure 4 - Other
- •Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- •Do not repeat travel covered in items 9, 10, or 11.

	Month/Year Month/Year	Code	Country		Month/Year	Month/Year	Code	Country
#1	То		See attached	#3	<u> </u>	·o		
#2	То -		page	#4	Ť	·o		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page

342-22-7548

Item 17a, page 6:

From/To	Firm and/or Government	<u>Explanation</u>
6/1/00 - 8/31/05	Diageo Plc ADR (DEO)	Investment New York- Great Britain, 300 shares
8/15/02 - 8/31/05	Abbey National Preferred Security (ANB.C)	Investment U.K., 1,600 shares
···9/12/03 - 8/31/05 ···	Willis Group Holdings LTD (WSH)	Investment New York- Bermuda, 325 shares
1/4/04 - 8/31/05	Daimler Chrysler AG (DCX)	Investment Germany, 76 shares
1/4/04 - 8/31/05	Total S.A. (TOT)	Investment France, 10 shares
4/1/05 - 8/31/05	Check Point Software Technologies Ltd. (CHKP)	Investment NASDAQ-Israel, 400 shares
8/18/05 - 8/31/05	Novartis AG-ADR (NVS)	Investment New York- Switzerland, 300 shares
8/26/05 - 8/31/05	Macquarie Global Infrastructure (MGU)	Investment Australia, 3,200 shares

<u>Item 18, page 6:</u>

From	To	Code	Country
8/95	8/95	1	Canada
3/96 .	3/96	2	France-Italy
12/96	. 12/96	2	Mexico
5/97	5/97	2	Belize
9/97	9/97	2	Canada
12/97	12/97	2	Costa Rica
8/98	9/98	2	Italy-France
7/99	7/99	2	Denmark-England-Estonia-Finland- Germany-Norway-Russia-Sweden
10/99	10/99	2	Mexico
7/00	7/00	2	Canada
6/01	6/01	2	Canada
6/02	6/02	2	Canada
2/03	2/03	2	Mexico
5/03	5/03	1, 2	Belgium-Holland
6/03	6/03 -	1, 2	Canada
11/03	12/03	2 .	Argentina-Brazil-Chile-Falkland Is Uruguay
1/04	1/04	2	St. Martin Is. (France-Netherlands)
6/04	7/04	2	France
9/04	10/04	1	England
3/05	3/05	2	Mexico

Standard Form 86
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

OFFICIAL
USE
ONLY

QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036 86-111

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		ONLY									-		
(D)	YOUR	MILITAR	Y RECORI	0								Yes	No
	Have yo	ou ever re	ceived other	er than an honorable di	scharge fro	om th	e military? If "Yes," p	rovide the date of dis	charge and type	of discharge b	elow.	`	x
Mon	th/Year			Type of Discharge									<u>L</u>
<u> </u>	VOUD	CEL FORE	VE CEDI	PE PEOODD								Yes	No
@				CE RECORD fter December 31, 195	9? If "No."	' ao ta	o 21. If "Yes," go to b					162	X
	() Н		egistered w	rith the Selective Service					"No," show the re	eason for your	legal		
Regi	stration 1	<u> </u>	Delow.	Legal Exemption Exp	lanation						· · · · · · · · · · · · · · · · · · ·		<u> </u>
					•				·				1
Ø)	YOUR	MEDICA	L RECORE)								Yes	No
•				consulted with a ment about a mental health				sychologist, counselo	er, etc.) or have y	ou consulted w	rith 	,	x
				ide the dates of treatment	ent and the	nam	e and address of the	therapist or doctor be	elow, unless the d	onsultation(s)	involved o	only marit	al, family,
Mor	or grier oth/Year		onth/Year	ed to violence by you.			lame/Address of The	anist or Doctor			State	7ID	Code
WO	iu / rear	WIC	· ·				varile/Address of The	apist of Doctor			State	217	Code
		То											
		То		•									
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	•			ation requested.	si / years :	<i>:</i> 11	res, begin with the r	lost recent occurrent	ce and go backw	ara, providing (Jate meu,		x
	Use the	following	codes and	explain the reason yo	ur employm	nent v	was ended:						
		d from a jo		•	-	-	eement following alle		t 5	- Left a job for			
		a job afte d be fired	r being told	-	b by mutual actory perfo	-	eement following alleq	ations of ,		under unfavo	rable circu	ımstance	\$
Mor	th/Year	Code	<u> </u>	Specify Reason	Joseph Police		nployer's Name and A	ddress (Include city/	Country if outside	. U.S.)	State	ZIP	Code
									· · · · · · · · · · · · · · · · ·	,			
		1											
Ø	YOUR	POLICE	RECORD									Yes	No
	For this	item, rep	ort informat	ion regardless of whet	her the reco	ord in	your case has been	'sealed" or otherwise	stricken from the	e court record.	The		
	•	-	•	irement is for certain co le authority of 21 U.S.C				d Substances Act for	r which the court	issued an			
	~			-									
				harged with or convicte					de of Military Jus	itice)			х
				harged with or convicte				?					. X
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				ve you been subject to					niform Codo of N	lilitanı lustino?	/Induda	_x	
				mast, etc.)	Court martia	ai oi	other disciplinary proc	eedings under the O	Illionii Code oi iv	ilinary ouslice:	(include		x
				e you been arrested fo of less than \$150 unle					response to a, b	, c, d, or e abo	ve?	· · · · ·	x
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Mor	th/Year		Offense	Action 7	Taken	La	w Enforcement Author	rity/Court (Include City	and county/country	if outside U.S.)	State	ZIP	Code
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	er you	JUCIA	ı Jecum	ry wanner helor	e going	to t	ne next hade		COOPERATE OF STREET		342-2	22-75	48

YOUR	JSE OF ILLEGAL	DRUGS AND DRUG	ACTIVITY			<u>\</u>				·
failure to	do so could be g	rounds for an adverse	employment decis	ion or action a	igainst you, but ne	either your to	stions fully and truthfully, and y ruthful responses nor informati	our on	Yes	No
	-	•			•					
				ın, etc.), ampn	etamines, depres	sants (barbi	turates, methaqualone, tranqu	ilizers,		x
						prosecutor,	or courtroom official; while pos	sessing		x
							r, shipping, receiving, or sale o	of any		х
If you an	nswered "Yes" to a	a or b above, provide th	e date(s), identify	the controlled	substance(s) and	d/or prescrip	tion drugs used, and the numb	er of time	s each w	as used.
/lonth/Year	r Month/Year	Controli	ed Substance/Pre	scription Drug	Used	Ī	Number of Times	Used		
	То									_
	To									
		L							Yes	No
In the las	st 7 years, has yo	ur use of alcoholic beve	erages (such as lic	quor, beer, win	e) resulted in any	alcohol-rela	ated treatment or counseling (s	uch as	- +1	
										х
		ovide the dates of treati	ment and the nam	e and address	of the counselor	or doctor be	low. Do not repeat information	n reported	in respo	nse to
Ionth/Year	r Month/Year		N	ame/Address	of Counselor or D	octor		State	ZIP	Code
<u> </u>	То									
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		RECORD				<u>-</u>		•	Yes	No
foll	low to provide the ceived, enter "Oth	requested information er" agency code or cle	below. If "Yes," b arance code, as a	ut you can't re ppropriate, an	call the investigat d "Don't know" or	ing agency: r "Don't rec	and/or the security clearance all" under the "Other Agency"		x	
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2 - State	Department	5 - Trea	sury Department		0 - Not Required 1 - Confidential		•	ormation	_	L Other
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<b>A</b> T:						<u> </u>	<u> </u>			
fro	m government en	ployment? If "Yes," gi	earance or access	authorization	aeniea, suspena	ea, or revok	ed, or nave you ever been deb	arred	res	No
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YOUR FI	INANCIAL RECO	Department or Ager	ncy Taking Action		Month/Year				Yes	No X
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	failure to derived  Since the crack content of the	failure to do so could be gerived from your response derived from your response Since the age of 16 or in the crack cocaine, hashish, neetc.), halflucinogenics (LSI). Have you ever illegally us a security clearance; or we have you are to depressed, stime of the last 7 years, have you narcotic, depressant, stime of the last 7 years, have you narcotic, depressant, stime of the last 7 years, has you for alcohol abuse or alcohol ab	failure to do so could be grounds for an adverse derived from your responses will be used as evid derived from your responses will be used as evid Since the age of 16 or in the last 7 years, whiche crack cocaine, hashish, narcotics (opium, morphietc.), halfucinogenics (LSD, PCP, etc.), or prescrept Have you ever illegally used a controlled substar a security clearance; or while in a position directly in the last 7 years, have you been involved in the narcotic, depressant, stimulant, hallucinogen, or lif you answered "Yes" to a or b above, provide the narcotic depressant, stimulant, hallucinogen, or lif you answered "Yes," to a or b above, provide the last 7 years, has your use of alcoholic bever for alcohol abuse or alcoholism)?  If you answered "Yes," provide the dates of treatment 21 above.  Month/Year Month/Year  To  YOUR INVESTIGATIONS RECORD  As the United States Government ever in follow to provide the requested information received, enter "Other" agency code or clean heading, below. If your response is "No," or codes for Investigating Agency 1 - Defense Department 4 - FBI 2 - State Department 5 - Treatment 3 - Office of Personnel Management 6 - Other Agency Code  To your knowledge, have you ever had a clean to the provide the p	failure to do so could be grounds for an adverse employment decis derived from your responses will be used as evidence against you Since the age of 16 or in the last 7 years, whichever is shorter, have crack cocaine, hashish, narcotics (opium, morphine, codeine, hero etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?  Have you ever illegally used a controlled substance while employe a security clearance; or while in a position directly and immediately. In the last 7 years, have you been involved in the illegal purchase, narcotic, depressant, stimulant, hallucinogen, or cannabis for your lif you answered "Yes" to a or b above, provide the date(s), identify Month/Year Month/Year Controlled Substance/Pre  To  To  YOUR USE OF ALCOHOL  In the last 7 years, has your use of alcoholic beverages (such as lic for alcohol abuse or alcoholism)?  If you answered "Yes," provide the dates of treatment and the namitem 21 above.  Month/Year Month/Year Nonth/Year Nonth/Year Month/Year Nonth/Year Nonth/Year Nonth/Year Nonth/Year Nonth/Year Nonth/Year Nonth/Year Nonth/Year Nonth/Year Other agency code or clearance code, as a heading, below. If your response is "No," or you don't know of the partment Some partment Some partment Some partment Some Presument Some Preserved.  Agency Other Agency Other Agency  To Other Agency Other Agency  To To your knowledge, have you ever had a clearance or access	failure to do so could be grounds for an adverse employment decision or action a derived from your responses will be used as evidence against you in any subseq Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphelc.), halfucinogenics (LSD, PCP, etc.), or prescription drugs?  Have you ever illegally used a controlled substance while employed as a law enfa a security clearance; or while in a position directly and immediately affecting the line hast 7 years, have you been involved in the illegal purchase, manufacture, narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended.  In the last 7 years, have you been involved in the date(s), identify the controlled Month/Year Month/Year Controlled Substance/Prescription Drug.  To  To  YOUR USE OF ALCOHOL  In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, win for alcohol abuse or alcoholism)?  If you answered "Yes," provide the dates of treatment and the name and address item 21 above.  Month/Year Month/Year Name/Address.  Nonth/Year Month/Year Name/Address.  To  To  YOUR INVESTIGATIONS RECORD  Alas the United States Government ever investigated your background and follow to provide the requested information below. If "Yes," but you can't received, enter "Other" agency code or clearance code, as appropriate, an heading, below. If your response is "No," or you don't know or can't recall in the provide the requested information below. If "Yes," but you can't recall in the date of the provide the requested information below. If "Yes," but you can't recall in the provide the requested information below. If "Yes," but you can't recall in the provide the requested information below. If "Yes," but you can't recall in the provide the requested information below. If "Yes," but you can't recall in the provide the requested information below. If "Yes," but you can't recall in the provide the requested information be	tallure to do so could be grounds for an adverse employment decision or action against you, but in derived from your responses will be used as evidence against you in any subsequent criminal process. Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled crack occaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depresetc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?  Have you ever illegally used a controlled substance while employed as a law enforcement officer, a security clearance; or while in a position directly and immediately affecting the public safety?  In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, product narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of an if you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and Month/Year Month/Year Controlled Substance/Prescription Drug Used  To  YOUR USE OF ALCOHOL  In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any for alcohol abuse or alcoholism)?  If you answered "Yes," provide the dates of treatment and the name and address of the counselor item 21 above.  Month/Year Month/Year Name/Address of Counselor or D  To  YOUR INVESTIGATIONS RECORD  Has the United States Government ever investigated your background and/or granted you a follow to provide the requested information below. If "Yes," but you can't recall the investigating received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" on heading, below. If your response is "No," or you don't know or can't recall if you were investigating Agency  Other Security Department  Codes for Investigating Agency Defense Department  Codes for Personnel Management  6 Other (Specify)  To your knowledge, have you ever had a clearance or access authorization denied, suspend	failure to do so could be grounds for an adverse employment decision or action against you, but neither you'r tederived from your responses will be used as evidence against you in any subsequent criminal proceeding.  Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>lilegally</u> used any controlled substance cockine, heroin, etc.), amphetamines, depressants (barbi etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?  Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, a security clearance; or while in a position directly and immediately affecting the public safety?  In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfe narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?  If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription in the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-relator alcohol abuse or alcoholism)?  If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor be intern 21 above.  Month/Year Month/Year Nonth/Year Nonth	failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor informat derived from your responses will be used as evidence against you in any subsequent criminal proceeding.  Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, coc crack cocaline, hashish, narcotics (opium, morphine, codeline, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquelc.), hallucinogenics (LED, PCP, etc.), or prescription drugs?  Have you suer illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while poe a security clearance; or while in a position directly and immediately affecting the public safety?  In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or safe of narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended prolit or that of another?  If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the numb donth/Year Month/Year Controlled Substance/Prescription Drug Used Number of Times  To  To  YOUR USE OF ALCOHOL  In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (stor alcohol abuse or alcoholism)?  If you answered "Yes", provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information item 21 above.  Nonth/Year Month/Year NonthyYear Name/Address of Counselor or Doctor  To  To  YOUR INVESTIGATIONS RECORD  4 has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the code follow to provide the requested information below. If "Yes," but you can't recall the investigating agency are the "Yes," use	Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>lilegally</u> used any controlled substance, for example, marijuana, cocaine, crack occaine, hashish, narcolics (oplum, morphine, codeine, heroin, etc.), anyhetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription druges?  Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?  In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcolic, depressant, simulant, hallucinogen, or cannabis for your own intended profit or that of another?  If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of time donth/Year Month/Year Controlled Substance/Prescription Drug Used Number of Times Used  Number of Times Used Number of Times Used Number of alcoholisms?  If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported item 21 above.  Name/Address of Counselor or Doctor State  Name/Address of Counselor or Doctor State  Name/Address of Counselor or Doctor State  OVORNINVESTIGATIONS RECORD  Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If Yes, but you can't recall the investigating agency and/or the security clearance of the agency heading, below. If your response is "No," or you don't know or can't recall if you were investigating agency and/or the security clearance accelered enter "Other agency code or clearance code, as appropriate, and "Don't know or "Don't recall" the "Other Agen	Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately allegally used any controlled substance, for example, marijuana, cocaine, crack occaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaquatone, tranquilizers, ctc.), hallucinoperies (LSD, PCP, etc.), or prescription drugs?  Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?  Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?  Have you ever illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting, production, transfer, shipping, receiving, or safe of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?  If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each without a substance or alcoholism?  If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in responsition above or alcoholism?  If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in responsition to provide the requested information below. If "Yes," but you can" receil if you were investigating age

### Item 23, page 7:

On May 31 or June 1, 1992, my	who was then
together with several of her	were charged under a
Wilmette, Illinois ordinance with	at
my residence at 1529 Greenwood, Wilme	tte, Illinois. At that time I had sole
custody of my and we were livi	ng there together at 1529 Greenwood.
When this incident occurred, I was in Lor	, ,
to June 3). I received a ticket under a Wi	mette ordinance with having alcoholic
beverages in my house when underage ch	•
No. P3524724). On January 15, 1993, my	y and I went to trial in the
Circuit Court of Cook County, District 2.	We both were found not guilty by the
trial judge.	

CHICAGO_1300434_1

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### CIVIL APPLICANT RESPONSE

ICN ISIS0001000002107275

CIDN

OCA 259D-HO-1509672

SULLIVAN, THOMAS PATRICK

U 509 1930/03/23

MNU

. SOC 342 22 7548 SEX M

FPC

API

**b**6 b7C

DCFBID11Z FBI-HQ-ICAU

WASHINGTON DC

DATE FP 2005/09/01

A SEARCH OF THE FINGERPRINTS ON THE ABOVE INDIVIDUAL HAS FAILED TO DISCLOSE PRIOR ARREST

DATA.

CJIS DIVISION

2005/10/17

FEDERAL BUREAU OF INVESTIGATION

DCFBID11Z FBI-HQ/INITIAL CLEARANCE AND ACCESS UNIT ROOM 4370 935 PENNSYLVANIA AVE NW WASHINGTON, DC 20535-0001

## **DCII Person Search Results for:**

SSN: 342227548 Name: SULLIVAN THOMAS PATRICK

DOB: 1930/03/23 SB: CB: LL: 75 FL: 75

SULLIVAN, THOMAS, PATRICK
NAC-Hist Date=1986/04/02

SSN=342117548 DOB=1930/03/23 SB=IL CB=US

Agency Code=DCII FBI-HQ FBI-ID-NCO



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# FEDERAL BUREAU OF INVESTIGATION REQUEST FOR CREDIT CHECK

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To:	Cradic Report Office	•	•			
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· t>close

Page 1 EMPLOYMENT - Sullivan, Thomas P 342-22-7548 spin

PAGE 1 DATE 9-28-2005 TIME 15:33:25 V101 TIL1

THOMAS P SULLIVAN
1529 GREENWOOD AVE
WILMETTE IL 600911629
RPTD: 10-88 TO 8-03 U 7X
LAST SUB: 3180830

*2351 N GENEVA TER APT 3 CHICAGO IL 606143309 RPTD: 1-01 U 1X

*876 CAMINO DE JEMEZ SANTA FE NM 875018916 RPTD: 4-97 TO 4-99 U SS: 342-22-7548

E: JENNER & BLOCK ONE IBM PLAZA CHICAGO IL 60611 RPTD: 10-93 I

E: MAROTTA SCIENTIFIC

MONTVILLE NJ RPTD: 4-92 I

					•	
SUBSCRIBER SUB# KOB TYP	TRM ECO	OPEN A BALDATE		AMT-TYP2 PYMT LEVEI	MOS REV	
*FIRST USA BANK 1219580 BC CRC ** CREDIT CARD						CURR ACCT B0000000CCCCC CC0CCCCCC000
*FIRST USA BANK 1233910 BC CRC ** ACCOUNT CLOS	REV 1	8-76 5-12-96	\$5,000-L \$0	5-96	CLOSED (99)	CURR ACCT BNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN
NORTHERN TRUST 2113760 BB R/C	BANK	2-02			(40)	CURR ACCT BCCCCCCCCCCC CCCCCCCCCCC
NORTHERN TRUST 2113760 BB R/C	BANK 28Y 2	2-02 7-01-04	\$350,000-0	7-04	PAID (29)	CURR ACCT BCCCCCCCCCCC CCCCCCCCCCCC
*AMEX 1229200 BC CRC	1 1		UNK	8-02	PAID ( 1)	B CURR ACCT
** ACCOUNT CLOS	SED AT CO	ONSUMER'S	REQUEST **			
SECURITY SVNGS 2994044 FM R/C						CURR ACCT BCCCCCCCCCCC CCCCCCCCCCC
CHASE MANHATTAI 2991739 FM R/C			\$140,000-0	2-02		BC CURR ACCT
*AMEX 1229200 BC CRC	REV 1		\$4,091-H		PAID ( 1)	B CURR ACCT

Page	2	EMPLOYMENT	_	Sullivan,	Thomas	Ρ	342-22-7548	spin
Lage	_	Dist Double		Durra van,	111011101	-	012 22 7010	267

** ACCOUNT CLOSED AT CO	WOUMER'S	REQUEST **		•	
COUNTRYWIDE HOME LOANS 3991532 FM R/C 15Y 2		\$333,000-0	3-99		CURR ACCT BCCCCCCCCCCC CCCCCCCCCCCC
WELLS FARGO HOME MTG I 2990864 FM R/C 15Y 1		\$194,300-0	2-99	PAID (19)	CURR ACCT BC-CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
NATIONAL CITY MORTGAGE 2993434 FM R/C 30Y 1		\$203,150-0	6-97		CURR ACCT BCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
WELLS FARGO HOME MORTG 2990858 FM R/C 15Y 4		\$336,000-0	4-97		CURR ACCT BCCCCSCC 7
CITI 1240000 BC CRC REV 1	9-08-05	\$0-L \$9,657 \$201	9-05	(99)	CURR ACCT CCCC <del>CCCCCCCC</del> CCCCCCCCCCCC
	12-92 9-04-05 6-04	\$9,999-Н \$0	9-05	OPEN (68)	CURR ACCT 0000 <del>00000000</del> 00C00CCC00CC
CHASE 3182310 BC CRC 1 2	5-92 9-02-05 4-05	\$17,400-H \$0	9-05		CURR ACCT 0CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
WASHINGTON MUTUAL FA 3180830 BB R/C 15Y 2	8-31-05 7-05	\$100,000-0 \$89,982 \$1,045	8-05	OPEN (26)	CURR ACCT CCCCCCCCCCCC CCCCCCCCCCC
MIN: 100196300000125340					
NORTHERN TRUST BANK 2113760 BB R/C 30Y 2	4-00 7-31-05 7-05	\$175,000-0 \$68,237 \$341	7-05	OPEN (56)	CURR ACCT CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC
FIRST USA BANK 1233910 BC CRC REV 1	+10YR 4-27-96	\$9,800-L \$0	12-89	INACTIVE (99)	CURR ACCT NNNNN <del>NNNNNN</del> NN NNNNNNNNNNNNN

USER ACKNOWLEDGES RECEIPT OF A COPY OF THE SUMMARY OF THE CONSUMER'S RIGHTS PRESCRIBED BY THE FEDERAL TRADE COMMISSION UNDER SECTION 609 (c) (3) OF THE FCRA ("CONSUMER'S RIGHTS"). BY ACCEPTING THIS REPORT, THE USER HEREBY CERTIFIES AND CONFIRMS THAT HE OR SHE WILL ATTACH A COPY OF THE CONSUMER'S RIGHTS TO THE REPORT AS REQUIRED BY SECTION 604 (b) (1) (B) OF THE FCRA.

END -- EXPERIAN EMPLOYMENT INSIGHT

Page 3 EMPLOYMENT - Sullivan, Thomas P 342-22-7548 spin

DIRECT CHECK

SUBCODE	SUBSCRIBER	TELEPHONE	ADDRESS	CITY	ST	ZIP
1229200	AMEX	BYMAILONLY	PO BOX 297871	FORT LAUDER	FL	33329
3182310	CHASE	800.955.9900	800 BROOKSEDGE BLVD	WESTERVILLE	OH	43081
2991739	CHASE MANHATTAN M	800.848.9380	3415 VISION DR	COLUMBUS	OH	43219
1240000	CITI	BYMAILONLY	PO BOX 6241	SIOUX FALLS	SD	57117
3991532	COUNTRYWIDE HOME		450 AMERICAN ST	SIMI VALLEY	CA	93065
1219580	FIRST USA BANK	800.955.8010	2500 WESTFIELD RD	ELGIN	IL	60123
1233910	FIRST USA BANK	800.955.9900	800 BROOKSEDGE BLVD	WESTERVILLE	OH	43081
3390247	HSBC/NEIMN	BYMAILONLY	PO BOX 729080	DALLAS	TX	75372
2993434	NATIONAL CITY MOR	937.910.1200	PO BOX 1820	DAYTON	OH	45401
2113760	NORTHERN TRUST BA	312.630.6000	50 S LASALLE ST # B-	CHICAGO	IL	60603
2994044	SECURITY SVNGS MT	216.455.5600	PO BOX 8469	CANTON	OH	44711
3180830	WASHINGTON MUTUAL	800.282.4840	PO BOX 1093	NORTHRIDGE	CA	91328
2990858	WELLS FARGO HOME	314.529.5000	625 MARYVILLE CENTRE	SAINT LOUIS	MO	63141
2990864	WELLS FARGO HOME	BYMAILONLY	405 SW 5TH ST	DES MOINES	IA	50309

END -- EXPERIAN DIRECT CHECK

Page 1 EMPLOYMENT - Sullivan, Thomas P 342-22-7548 spin

TRANSUNION EMPLOYMENT CREDIT REPORT FOR:

BEARAK/DPT OF JUST

Z BT0004252 BUREAU: 06 CH

DATE REPORT PRINTED: 09/28/2005

CENTRAL STANDARD TIME: 12:39 IN OUR FILES SINCE: 01/1970

SUBJECT NAME:

SULLIVAN, THOMAS PATRICK.

SOCIAL SECURITY NUMBER: 342-22-7548

PHONE:

CURRENT ADDRESS REPORTED 02/2000:

1529 GREENWOOD AV., WILMETTE IL. 60091

FORMER ADDRESSES REPORTED 03/1997:

2351 N. GENEVA TE., #3. CHICAGO IL. 60614 876 CAMINO DE JEMEZ, SANTA FE NM. 87505

EMPLOYMENT DATA REPORTED:

JENNIER & BLOCK POSITION: LAWYER

DATE REPORTED: 06/2002

CREDIT INFORMATION

THE FOLLOWING ACCOUNT INFORMATION IS PRINTED IN ORDER BY MOST NEGATIVE MANNER OF PAYMENT (MOP) AND DATE MOST RECENTLY UPDATED.

B 64DB002 CITI REVOLVING ACCOUNT

CREDIT CARD

BALANCE: \$9657 VERIF'D 09/2005 INDIVIDUAL ACCOUNT

OPENED 04/1997 PAY TERMS: MINIMUM \$201

STATUS AS OF 09/2005: PAID OR PAYING AS AGREED IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE

PH#: (800) 843-0777 CONTACT SUBSCRIBER: CITI

POB 6241 SIOUX FALLS, SD 57117

B 26QK001 OPEN ACCOUNT CHASE

CREDIT CARD

\$0 JOINT ACCOUNT BALANCE: VERIF'D 09/2005

OPENED 05/1992 MOST OWED: \$17400 CREDIT LIMIT: \$20000

PAID OFF 04/2005

STATUS AS OF 09/2005: PAID OR PAYING AS AGREED IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE

CONTACT SUBSCRIBER: CHASE PH#: (800) 955-9900

BANK ONE CARD SERV, 800 BROOKSE WESTERVILLE, OH 43081

REVOLVING ACCOUNT

D 2816001 CHARGE ACCOUNT \$0 INDIVIDUAL ACCOUNT VERIF'D 09/2005 BALANCE:

OPENED 12/1992 MOST OWED: \$9999 CREDIT LIMIT: \$10000

PAID OFF 06/2004

HSBC NEIMN

STATUS AS OF 09/2005: PAID OR PAYING AS AGREED IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE Page 2 EMPLOYMENT - Sullivan, Thomas P 342-22-7548 spin

PAYMENT PATTERN: 1111XTX1111X111111111XX1

CONTACT SUBSCRIBER: HSBC NEIMN PH#: (800) 753-0407

1201 ELM ST, 2800 RENAISSANCE DALLAS, TX 75270

U 1WD3001 NICOR GAS OPEN ACCOUNT

UTILITY COMPANY

VERIF'D 09/2005 BALANCE: \$0 INDIVIDUAL ACCOUNT

OPENED 05/1986 MOST OWED: \$0

PAID OFF 06/2005

STATUS AS OF 09/2005: PAID OR PAYING AS AGREED IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE

PH#: (630) 305-9500 CONTACT SUBSCRIBER: NICOR GAS 1844 FERRY ROAD NAPERVILLE, IL 60563

B 1ULY006 WSHNGTN MUTL MORTGAGE ACCOUNT

CONVENTIONAL REAL ESTATE MTG

VERIF'D 08/2005 BALANCE: \$89982 JOINT ACCOUNT
OPENED 07/2003 MOST OWED: \$100000 PAY TERMS: 180 MONTHLY \$1045

FANNIE MAE # 169203325310019630

STATUS AS OF 08/2005: PAID OR PAYING AS AGREED IN PRIOR 24 MONTHS FROM DATE VERIF'D NEVER LATE

PH#: (866) 926-8937 CONTACT SUBSCRIBER: WSHNGTN MUTL

11200 W PARKLAND A, PO BOX 3139 MILWAUKEE, WI 53224

В 8796003 MORTGAGE ACCOUNT NORTH TRUST

CONVENTIONAL REAL ESTATE MTG

VERIF'D 07/2005 BALANCE: \$68237 JOINT ACCOUNT OPENED 04/2000 MOST OWED: \$175000 PAY TERMS: 360 MONTHLY \$341

STATUS AS OF 07/2005: PAID OR PAYING AS AGREED IN PRIOR 48 MONTHS FROM DATE VERIF'D NEVER LATE

CONTACT SUBSCRIBER: NORTH TRUST PH#: (312) 630-6000 CHICAGO, IL 60675 50 S LASALLE

в 8796003 NORTH TRUST MORTGAGE ACCOUNT

CONVENTIONAL REAL ESTATE MTG CLOSED

CONVENTIONAL REAL ESTATE MTO
VERIF'D 07/2005 BALANCE: \$0 JOINT ACCOUNT
OPENED 02/2002 MOST OWED: \$125000 PAY TERMS: 156 MONTHLY \$948

CLOSED 05/2005

STATUS AS OF 07/2005: PAID OR PAYING AS AGREED IN PRIOR 41 MONTHS FROM DATE VERIF'D NEVER LATE

CONTACT SUBSCRIBER: NORTH TRUST PH#: (312) 630-6000 CHICAGO, IL 60675 50 S LASALLE

В 8796003 NORTH TRUST MORTGAGE ACCOUNT

CLOSED CONVENTIONAL REAL ESTATE MTG

CLOSED CONVENTIONAL REAL ESTATE MTG
VERIF'D 03/2005 BALANCE: \$0 JOINT ACCOUNT
OPENED 02/2002 MOST OWED: \$350000 PAY TERMS: 336 MONTHLY \$1732

CLOSED 06/2004

STATUS AS OF 03/2005: PAID OR PAYING AS AGREED

Page 3 EMPLOYMENT - Sullivan, Thomas P 342-22-7548 spin

IN PRIOR 37 MONTHS FROM DATE VERIF'D NEVER LATE 

CONTACT SUBSCRIBER: NORTH TRUST PH#: (312) 630-6000 50 S LASALLE CHICAGO, IL 60675

D 989D002 REVOLVING ACCOUNT BLOOM/FDSB

CHARGE ACCOUNT

\$0 INDIVIDUAL ACCOUNT VERIF'D 09/2003 BALANCE: VERIF'D 09/2003 BALANCE: \$0 INDIVIDUAL ACCOUNT OPENED 04/1996 MOST OWED: \$1050 CREDIT LIMIT: \$0

PAID OFF 11/1996

STATUS AS OF 09/2003: PAID OR PAYING AS AGREED

PH#: (800) 284-7049 CONTACT SUBSCRIBER: BLOOM/FDSB

9111 DUKE BLVD MASON, OH 45040

CHASE MORT B 722T001 MORTGAGE ACCOUNT

CLOSED CONVENTIONAL REAL ESTATE MTG

VERIF'D 01/2003 BALANCE: \$0 JOINT ACCOUNT
OPENED 02/1999 MOST OWED: \$140000 PAY TERMS: 180 MONTHLY

CLOSED 02/2002 FREDDIE MAC # 026325578

STATUS AS OF 01/2003: PAID OR PAYING AS AGREED IN PRIOR 02 MONTHS FROM DATE VERIF'D NEVER LATE

PAYMENT PATTERN: 11

CONTACT SUBSCRIBER: CHASE MORT PH#: (614) 422-7001 3415 VISION DR COLUMBUS, OH 43219

B 21WB001 OPEN ACCOUNT AMEX ACCT CLSD BY CONSUMER CREDIT CARD

VERIF'D 08/2002 BALANCE: \$0 OPENED 01/1960 MOST OWED: \$0 INDIVIDUAL ACCOUNT

CLOSED 07/1997

STATUS AS OF 08/2002: PAID OR PAYING AS AGREED IN PRIOR 01 MONTH FROM DATE VERIF'D NEVER LATE

PAYMENT PATTERN: 1

CONTACT SUBSCRIBER: AMEX PH#:

P O BOX 297871 FORT LAUDERDAL, FL 33329

Q 508S001 MORTGAGE ACCOUNT MTG SERV CTR

CONVENTIONAL REAL ESTATE MTG CLOSED

VERIF'D 03/2002 BALANCE: \$0 JOINT ACCOUNT
OPENED 02/1999 MOST OWED: \$375000 PAY TERMS: 360 MONTHLY \$3078

CLOSED 03/2002

STATUS AS OF 03/2002: PAID OR PAYING AS AGREED IN PRIOR 37 MONTHS FROM DATE VERIF'D NEVER LATE

PAYMENT PATTERN: X11111111111X111111111

PH#: (800) 421-8059 CONTACT SUBSCRIBER: MTG SERV CTR CANTON, OH 44711 PO BOX 8469

B 21WB001 AMEX REVOLVING ACCOUNT

ACCT CLSD BY CONSUMER MER
BALANCE: \$0
MOST OWED: \$0 CREDIT CARD

VERIF'D 11/2001 BALANCE: INDIVIDUAL ACCOUNT

OPENED 10/1960

CLOSED 08/1999

STATUS AS OF 11/2001: PAID OR PAYING AS AGREED

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IN PRIOR 01 MONTH FROM DATE VERIF'D NEVER LATE

PAYMENT PATTERN: 1

CONTACT SUBSCRIBER: AMEX

FORT LAUDERDAL, FL 33329 P O BOX 297871

FLAGSTAR BK В 2525001 MORTGAGE ACCOUNT

TRANSFER CONVENTIONAL REAL ESTATE MTG

VERIF'D 07/1999 BALANCE: \$0 JOINT ACCOUNT OPENED 04/1999 MOST OWED: \$140000 PAY TERMS: 15 MONTHLY

STATUS AS OF 07/1999: PAID OR PAYING AS AGREED IN PRIOR 05 MONTHS FROM DATE VERIF'D NEVER LATE

PAYMENT PATTERN: X1111

CONTACT SUBSCRIBER: FLAGSTAR BK PH#: (800) 968-7700

5151 CORPORATE DRI TROY, MI 48098

Q 427S002 COUNTRYWIDE MORTGAGE ACCOUNT

CONVENTIONAL REAL ESTATE MTG

 VERIF'D
 03/1999
 BALANCE:
 \$0
 JOINT ACCOUNT

 OPENED
 02/1997
 MOST OWED:
 \$333000
 PAY TERMS: 180 MONTHLY \$3298

CLOSED 03/1999

STATUS AS OF 03/1999: PAID OR PAYING AS AGREED IN PRIOR 03 MONTHS FROM DATE VERIF'D NEVER LATE

PAYMENT PATTERN: X11

CONTACT SUBSCRIBER: COUNTRYWIDE PH#: (805) 520-5100

450 AMERICAN ST, CREDIT REPORTI SIMI VALLEY, CA 93065

PH#:

B 47KC003 WLS FRG MTGE MORTGAGE ACCOUNT

CLOSED CONVENTIONAL REAL ESTATE MTG

VERIF'D 02/1999 BALANCE: \$0 INDIVIDUAL ACCOUNT
OPENED 06/1997 MOST OWED: \$194300 PAY TERMS: 180 MONT PAY TERMS: 180 MONTHLY \$1880

FREDDIE MAC # 908081375 02/1999

STATUS AS OF 02/1999: PAID OR PAYING AS AGREED IN PRIOR 02 MONTHS FROM DATE VERIF'D NEVER LATE

PAYMENT PATTERN: X1

CONTACT SUBSCRIBER: WLS FRG MTGE PH#:

3476 STATEVIEW BLV FORT MILL, SC 29715

NTL CITY MTG B 8958084 MORTGAGE ACCOUNT

CLOSED CONVENTIONAL REAL ESTATE MTG

VERIF'D 06/1997 BALANCE: \$0 INDIVIDUAL ACCOUNT
OPENED 02/1993 MOST OWED: \$203150 PAY TERMS: 360 MONTHLY \$2074

CLOSED 06/1997

STATUS AS OF 06/1997: PAID OR PAYING AS AGREED

CONTACT SUBSCRIBER: NTL CITY MTG PH#: (800) 822-5626

> 3232 NEWARK DR MIAMISBURG, OH 45342

F 418E003 FIRSTHORIZON MORTGAGE ACCOUNT

PRNSFRD: OTHER LENDER CONVENTIONAL REAL ESTATE MTG VERIF'D 07/1996 BALANCE: \$0 JOINT ACCOUNT OPENED 04/1996 MOST OWED: \$336000 PAY TERMS: 180 MONTHLY \$3437 CONVENTIONAL REAL ESTATE MTG TRNSFRD: OTHER LENDER

STATUS AS OF 07/1996: PAID OR PAYING AS AGREED

Page 5 EMPLOYMENT - Sullivan, Thomas P 342-22-7548 spin

CONTACT SUBSCRIBER: FIRSTHORIZON

PO BOX 630148

PH#: (800) 707-9998 IRVING, TX 75063

FCNB PRF CHG

B 152B013 \$0_

REVOLVING ACCOUNT

VERIF'D 07/1996 BALANCE: OPENED 07/1995

MOST OWED:

\$116

INDIVIDUAL ACCOUNT CREDIT LIMIT:

PAID OFF 01/1996

STATUS AS OF 07/1996: PAID OR PAYING AS AGREED

CONTACT SUBSCRIBER: FCNB PRF CHG

9300 SW GEMINI DR

BEAVERTON, OR 97008

GECAP MTG SV

B 164E001

MORTGAGE ACCOUNT

PH#:

CLOSED

VERIF'D 03/1997 BALANCE: \$0 PARTICIPANT ON ACCOUNT

CONVENTIONAL REAL ESTATE MTG

OPENED 04/1996

MOST OWED: \$336000 PAY TERMS: 180 MONTHLY \$3437

CLOSED 04/1996

STATUS AS OF 03/1997: UNRATED

CONTACT SUBSCRIBER: GECAP MTG SV

4680 HALLMARK PARK

SAN BERNARDINO, CA 92407

THE FOLLOWING COMPANIES HAVE REQUESTED THE SUBJECT'S FILE FOR EMPLOYMENT USE:

DATE

SUBCODE

SUBSCRIBER NAME

09/28/2005 Z 4252 DPT OF JUST

935 PENNSYLVANIA A, ROOM WASHINGTON, DC 20535

EMPLOYMENT CREDIT REPORT SERVICED BY:

TRANS UNION

2 BALDWIN PLACE, P. O. BOX 1000

CHESTER, PA. 19022

800-888-4213

Consumer disclosures can be obtained online through TransUnion at:

http://www.transunion.com/direct

END OF TRANSUNION REPORT

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

PARA INFORMACION EN ESPANOL, VISITE WWW.FTC.GOV/CREDIT O ESCRIBE A LA FTC CONSUMER RESPONSE CENTER, ROOM 130-A 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) PROMOTES THE ACCURACY, FAIRNESS, AND PRIVACY OF INFORMATION IN THE FILES OF CONSUMER REPORTING AGENCIES. THERE ARE MANY TYPES OF CONSUMER REPORTING AGENCIES, INCLUDING CREDIT BUREAUS AND SPECIALTY AGENCIES (SUCH AS AGENCIES THAT SELL INFORMATION ABOUT CHECK WRITING HISTORIES, MEDICAL RECORDS, AND RENTAL HISTORY RECORDS). HERE IS A SUMMARY OF YOUR MAJOR RIGHTS UNDER THE FCRA. FOR MORE INFORMATION, INCLUDING INFORMATION ABOUT ADDITIONAL RIGHTS, GO TO WWW.FTC.GOV/CREDIT OR WRITE TO: CONSUMER RESPONSE CENTER, ROOM 130-A, FEDERAL TRADE COMMISSION, 600 PENNSYLVANIA AVE. N.W., WASHINGTON, D.C. 20580.

- YOU MUST BE TOLD IF INFORMATION IN YOUR FILE HAS BEEN USED AGAINST YOU. ANYONE WHO USES A CREDIT REPORT OR ANOTHER TYPE OF CONSUMER REPORT TO DENY YOUR APPLICATION FOR CREDIT, INSURANCE, OR EMPLOYMENT OR TO TAKE ANOTHER ADVERSE ACTION AGAINST YOU MUST TELL YOU, AND MUST GIVE YOU THE NAME, ADDRESS, AND PHONE NUMBER OF THE AGENCY THAT PROVIDED THE INFORMATION.
- YOU HAVE THE RIGHT TO KNOW WHAT IS IN YOUR FILE. YOU MAY REQUEST AND OBTAIN ALL THE INFORMATION ABOUT YOU IN THE FILES OF A CONSUMER REPORTING AGENCY (YOUR "FILE DISCLOSURE"). YOU WILL BE REQUIRED TO PROVIDE PROPER IDENTIFICATION, WHICH MAY INCLUDE YOUR SOCIAL SECURITY NUMBER. IN MANY CASES, THE DISCLOSURE WILL BE FREE. YOU ARE ENTITLED TO A FREE FILE DISCLOSURE IF:
  - A PERSON HAS TAKEN ADVERSE ACTION AGAINST YOU BECAUSE OF INFORMATION IN YOUR CREDIT REPORT;
  - YOU ARE THE VICTIM OF IDENTITY THEFT AND PLACE A FRAUD ALERT IN YOUR FILE;
  - YOUR FILE CONTAINS INACCURATE INFORMATION AS A RESULT OF FRAUD;
  - YOU ARE ON PUBLIC ASSISTANCE;
  - YOU ARE UNEMPLOYED BUT EXPECT TO APPLY FOR EMPLOYMENT WITHIN 60 DAYS.
- IN ADDITION, BY SEPTEMBER 2005 ALL CONSUMERS WILL BE ENTITLED TO ONE FREE DISCLOSURE EVERY 12 MONTHS UPON REQUEST FROM EACH NATIONWIDE CREDIT BUREAU AND FROM NATIONWIDE SPECIALTY CONSUMER REPORTING AGENCIES. SEE WWW.FTC.GOV/CREDIT FOR ADDITIONAL INFORMATION.
- YOU HAVE THE RIGHT TO ASK FOR A CREDIT SCORE. CREDIT SCORES ARE NUMERICAL SUMMARIES OF YOUR CREDIT-WORTHINESS BASED ON INFORMATION FROM CREDIT BUREAUS.
- YOU MAY REQUEST A CREDIT SCORE FROM CONSUMER REPORTING AGENCIES THAT CREATE SCORES OR DISTRIBUTE SCORES USED IN RESIDENTIAL REAL PROPERTY LOANS, BUT YOU WILL HAVE TO PAY FOR IT. IN SOME MORTGAGE TRANSACTIONS, YOU WILL RECEIVE CREDIT SCORE INFORMATION FOR FREE FROM THE MORTGAGE LENDER.
- YOU HAVE THE RIGHT TO DISPUTE INCOMPLETE OR INACCURATE INFORMATION. IF YOU IDENTIFY INFORMATION IN YOUR FILE THAT IS INCOMPLETE OR INACCURATE, AND REPORT IT TO THE CONSUMER REPORTING AGENCY, THE AGENCY MUST INVESTIGATE UNLESS YOUR DISPUTE IS FRIVOLOUS. SEE WWW.FTC.GOV/CREDIT FOR AN EXPLANATION OF DISPUTE PROCEDURES.
- CONSUMER REPORTING AGENCIES MUST CORRECT OR DELETE INACCURATE, INCOMPLETE, OR UNVERIFIABLE INFORMATION. INACCURATE, INCOMPLETE OR UNVERIFIABLE INFORMATION MUST BE REMOVED OR CORRECTED, USUALLY WITHIN 30 DAYS. HOWEVER, THE CONSUMER REPORTING AGENCY IS NOT REQUIRED TO REMOVE ACCURATE DEROGATORY INFORMATION FROM YOUR FILE UNLESS IT IS OUTDATED (AS DESCRIBED BELOW) OR CANNOT BE VERIFIED. A CONSUMER REPORTING AGENCY MAY CONTINUE TO REPORT INFORMATION IT HAS VERIFIED AS ACCURATE.
- CONSUMER REPORTING AGENCIES MAY NOT REPORT OUTDATED NEGATIVE INFORMATION.
   IN MOST CASES, A CONSUMER REPORTING AGENCY MAY NOT REPORT NEGATIVE
   INFORMATION THAT IS MORE THAN SEVEN YEARS OLD, OR BANKRUPTCIES THAT ARE MORE THAN 10 YEARS OLD.

- ACCESS TO YOUR FILE IS LIMITED. A CONSUMER REPORTING AGENCY MAY PROVIDE INFORMATION ABOUT YOU ONLY TO PEOPLE WITH A VALID NEED -- USUALLY TO CONSIDER AN APPLICATION WITH A CREDITOR, INSURER, EMPLOYER, LANDLORD, OR OTHER BUSINESS. THE FCRA SPECIFIES THOSE WITH A VALID NEED FOR ACCESS.
- YOU MUST GIVE YOUR CONSENT FOR REPORTS TO BE PROVIDED TO EMPLOYERS. A CONSUMER REPORTING AGENCY MAY NOT GIVE OUT INFORMATION ABOUT YOU TO YOUR EMPLOYER, OR A POTENTIAL EMPLOYER, WITHOUT YOUR WRITTEN CONSENT GIVEN TO THE EMPLOYER. WRITTEN CONSENT GENERALLY IS NOT REQUIRED IN THE TRUCKING INDUSTRY. FOR MORE INFORMATION, GO TO WWW.FTC.GOV/CREDIT.
- YOU MAY LIMIT "PRESCREENED" OFFERS OF CREDIT AND INSURANCE YOU GET BASED ON INFORMATION IN YOUR CREDIT REPORT. UNSOLICITED "PRESCREENED" OFFERS FOR CREDIT AND INSURANCE MUST INCLUDE A TOLL-FREE PHONE NUMBER YOU CAN CALL IF YOU CHOOSE TO REMOVE YOUR NAME AND ADDRESS FROM THE LISTS THESE OFFERS ARE BASED ON. YOU MAY OPT-OUT WITH THE NATIONWIDE CREDIT BUREAUS AT 1-888-567-8688.
- YOU MAY SEEK DAMAGES FROM VIOLATORS. IF A CONSUMER REPORTING AGENCY, OR, IN SOME CASES, A USER OF CONSUMER REPORTS OR A FURNISHER OF INFORMATION TO A CONSUMER REPORTING AGENCY VIOLATES THE FCRA, YOU MAY BE ABLE TO SUE IN STATE OR FEDERAL COURT.
- IDENTITY THEFT VICTIMS AND ACTIVE DUTY MILITARY PERSONNEL HAVE ADDITIONAL RIGHTS. FOR MORE INFORMATION, VISIT WWW.FTC.GOV/CREDIT.

STATES MAY ENFORCE THE FCRA, AND MANY STATES HAVE THEIR OWN CONSUMER REPORTING LAWS. IN SOME CASES, YOU MAY HAVE MORE RIGHTS UNDER STATE LAW. FOR MORE INFORMATION, CONTACT YOUR STATE OR LOCAL CONSUMER PROTECTION AGENCY OR YOUR STATE ATTORNEY GENERAL.

THE FCRA GIVES SEVERAL DIFFERENT FEDERAL AGENCIES AUTHORITY TO ENFORCE THE FCRA:

FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:

CONSUMER REPORTING AGENCIES, CREDITORS, AND OTHERS NOT LISTED BELOW

FEDERAL TRADE COMMISSION CONSUMER RESPONSE CENTER - FCRA WASHINGTON, DC 20580 1-877-382-4357

NATIONAL BANKS, FEDERAL BRANCHES/ AGENCIES OF FOREIGN BANKS (WORD "NATIONAL" OR INITIALS "N.A." APPEAR IN OR AFTER BANK'S NAME)

OFFICE OF THE COMPTROLLER OF THE CURRENCY COMPLIANCE MANAGEMENT, MAIL STOP 6-6 WASHINGTON, DC 20219 800-613-6743

FEDERAL RESERVE SYSTEM MEMBER BANKS (EXCEPT NATIONAL BANKS, AND FEDERAL BRANCHES/AGENCIES OF FOREIGN BANKS)

FEDERAL RESERVE BOARD DIVISION OF CONSUMER & COMMUNITY AFFAIRS WASHINGTON, DC 20551 202-452-3693

SAVINGS ASSOCIATIONS AND FEDERALLY CHARTERED SAVINGS BANKS (WORD "FEDERAL" OR INITIALS "F.S.B." APPEAR IN FEDERAL INSTITUTION'S NAME)

OFFICE OF THRIFT SUPERVISION CONSUMER COMPLAINTS WASHINGTON, DC 20552 800-842-6929

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FEDERAL CREDIT UNIONS (WOLDS
"FEDERAL CREDIT UNION" APPEAR IN
INSTITUTION'S NAME)

STATE-CHARTERED BANKS THAT ARE NOT MEMBERS OF THE FEDERAL RESERVE SYSTEM

AIR, SURFACE, OR RAIL COMMON
CARRIERS REGULATED BY FORMER CIVIL
AERONAUTICS BOARD OR INTERSTATE
COMMERCE COMMISSION

ACTIVITIES SUBJECT TO THE PACKERS AND STOCKYARDS ACT, 1921

NATIONAL CREDIT UNION ADMINISTRATION 1775 DUKE STREET ALEXANDRIA, VA 22314 703-519-4600

FEDERAL DEPOSIT INSURANCE CORPORATION CONSUMER RESPONSE CENTER, 2345 GRAND AVENUE, SUITE 100 KANSAS CITY, MISSOURI 64108-2638 877-275-3342

DEPARTMENT OF TRANSPORTATION OFFICE OF FINANCIAL MANAGEMENT WASHINGTON, DC 20590 202-366-1306

DEPARTMENT OF AGRICULTURE OFFICE OF DEPUTY ADMINISTRATOR - GIPSA WASHINGTON, DC 20250 202-720-7051 Standard Form 86 Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036 86-111

### UNITED STATES OF AMERICA

#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)   Full Name (Type or Print Legibly)			Date Signed
Ilinuas Elle Thomas Patrick St	ulliva	n	8/31/05
Other Names Used		·	Social Security Number
			342-22-7548
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code)
1529 Greenwood, Wilmette	IL	60091	(847) 256-7539

## AGENCY ADJUDICATIVE ACTION ON OPM PERSONNEL INVESTIGATIONS ON-LINE AGENCY REQUEST

	_	_		
REQUEST DATE 10/04/	2005	OPM	CASE #:	P0600166
SOI: DJ90			•	
FEDERAL BUREAU OF INV D/JUSTICE INDUSTRIAL SECURITY ROOM 4362 WASHINGTON, DC 2230!			. 9	6159185
NAME SULLIVAN, THO SSN 342-22-7548 POB EVANSTON, COO				
DOB 03/23/1930				
AGENCY FILE #: PATFU,	/s. THOMAS	•		
SEE ATTACHMENTS				
	THIS FORM WITHIN 90 DAYS		M INVEST	IGATIVE
ISSUES CHARACTERIZATI	гои: (()			
AGENCY ACTION:				
1 SUBJECT NOT	CONTACTED: FAVORABLE D	ETERMINATION		
2 SUBJECT CONT	TACTED: FAVORABLE DETER	MINATION		
3 NO ACTION IS	SSUES: FAVORABLE DETERM	IINATION		
4 RESIGNED, TE	ERMINATED, WITHDREW BEFO	RE DETERMINATION		
5 SUBJECT NOT	APPOINTED DUE TO SECURI	TY/SUITABILITY IS	SUES	
6 SUBJECT REMO	OVED DUE TO SECURITY/SUI	TABILITY ISSUES		
7 SUBJECT COUN	NSELLED AND/OR LETTER OF	WARNING ISSUED		
8 SUBJECT RETA	AINED: CLEARANCE REVOKE	D OR DENIED		
9 SUSPENSION (	OF 14 DAYS OR LESS ISSUE	D		
10 SUSPENSION (	OF 15 DAYS OR MORE ISSUE	D		
ll OTHER (SPEC	[FY]			
REMARKS:				
COMPLETED BY	(610):3		ON	3 000
	(SIGNATURE)		( D.	ATE)

THIS REPORT MAY CONTAIN INFORMATION SUBJECT TO THE PROVISIONS OF GEOLOGY

*** PERSONNEL INVESTIGATIONS PROCESSING SYSTEM ***

DATE 10/04/2005

FIPC MICROFILM REQUEST

PAGE PGM AGY92341

TIME 07:38

*** EXPEDITE ***

ON-LINE AGENCY REQUEST

SOI: DJ90

FEDERAL BUREAU OF INVESTIGATION

D/JUSTICE

INDUSTRIAL SECURITY

ROOM 4362

WASHINGTON, DC 22305

REQUESTOR SID A133

PURPOSE P

P

NAME

SULLIVAN, THOMAS PATRICK

SSN

342-22-7548

POB E

EVANSTON

IL

DOB 03/23/1930

MICROFILM #

CLASSIFICATION

ORIGIN

96159185

5 05,02,02 1195

UNKNOWN

FILE NUMBER

INVE	TIGATIVE FILE IN LEASE DATE AND UCT 0 5 '05 5 9 3 6
₩/	OPM file attached. Best copy available.
$\Box$	OPM file also contains the following other agency reports:
	□ AIRR □ DSS □ State Department   □ ACRD □ CIA □ NSA   □ Navy ☑ FBI □ Treasury   □ Air Force □ FBI arrest record #
	We have removed financial information from the attached file that cannot be re-disseminated. Refer to Item(s)
,	
	We have removed arrest information from the attached file that cannot be re-disseminated.
M	We are not permitted to release this information. Contact the above indicated agency/ agencies directly (see reverse) or request a Special Agreement Check (SAC) or Reimbursable Suitability Investigation (RSI) from OPM.
	OPM investigation is pending. Material gathered to date is attached. When investigation is completed, the file will be forwarded to your agency.
	Pending OPM investigation has been completed. Complete investigation is attached. This completes your request.
	OPM file contains no pertinent information.
$\Box$ ,	OPM file no longer maintained in our system of records.
	File previously furnished to your agency on
$\Phi$	Information in this report of investigation may not be acted upon until an appropriate update has been conducted.
	Information in CSN may not be acted upon until an appropriate update has been conducted.
	The attached file contains a credit report; therefore, if you use the credit information you must ensure you follow the provisions of the Fair Credit Reporting Act.
$\Box$	Other

ISSUE	CHARACTERIZATIO
□ A	Issues are minor and the conduct or issue, standing alone, would not be disqualifying.
□В	Issues are moderate and the conduct or issue, standing alone, would probably not be disqualifying.
□ C	Issues are substantial and the conduct or issue, standing alone, may probably be disqualifying.
□ D	Issues are major and the conduct or issue, standing alone, would be disqualifying.
☐ E*	There are other matters, such as qualifications, medical issues, or inconclusive results, that may affect your determination.
□ F	No Issue(s). The Agency Action section does not have to be completed.
□G	No Issue(s).
□ K	For administrative reasons, OPM made no adjudication determination in this case. You are required to complete this form and return it to OPM.
□ 9*	No Actionable Issue(s). The Agency Action section does not have to be completed.
<b>P</b> Q	There are potentially actionable issue(s) which, standing alone, may be disqualifying under suitability/security considerations. Complete Agency Action section for all sensitive cases. For non-sensitive cases, complete this part only if adverse action is taken.
☐ R*	No Actionable Issue(s).
□ W	This investigation developed issues, which, depending on the mission of your organization and/or the duties of the position, you may wish to consider when making the suitability/security determination in this case.
*For O	PM coding purposes only
AGEN	CY ADDRESSES:

Information/Privacy Coordinator Naval Criminal Investigative Service Washington Navy Yard, Building 111 901 M. Street, SE Washington, DC 20388-5000

Defense Security Service · Privacy Act Branch 601 10th Street, Suite 128 Fort George G. Meade, MD 20755-5134

U.S. Army Central Security Facility Freedom of Information and Privacy Office 4552 Pike Road Fort George G. Meade, MD 20755-5995

Headquarters, FOI/PA Section AFOSI/SCR PO Box 2218 Waldorf, MD 20604-2218

Director US Army Crime Records Center Attn: Freedom of Information/Privacy Act Division 6010 6th Street Fort Belvoir, VA 22060-5506

**National Security Agency** Chief, FOI/PA Services Office of Information Policy, DC321 Fort George G. Meade, MD 20755-6248

Information and Privacy Coordinator Central Intelligence Agency 1603 IP Building Washington, DC 20505

Department of Treasury Disclosure Officer 1500 Pennsylvania Ave., N.W. Washington, DC 20220

### UNITED STATES OFFICE OF PERSONNEL MANAGEMENT INVESTIGATIONS SERVICE P.O. BOX 886 **WASHINGTON, DC 20044**

#### AGENCY INFORMATION FOR OPM BACKGROUND INVESTIGATIONS (FOR USE WITH THE AUTOMATED CASE CLOSING TRANSMITTAL)

Investigation Coverage - Knowledgeable personal sources are questioned in depth in significant areas, which may include the nature and extent of association with the subject's background and history; any special factors requested; subject's character, habits, reputation, honesty, integrity, conduct, financial responsibility, use of intoxicants, use of illegal drugs, arrests, associates, affiliations, and loyalty, as appropriate; and a recommendation of the subject. The absence of specific references to these attributes in a testimony means that the particular source did not furnish any potentially actionable information.

Report Format - Reports of investigation are prepared using a source-by-source format under a single heading, "TESTIMONIES." The presence or absence of issues, discrepancies, special factors, or matters in need of explanation, determines the extent of each testimony. A testimony in a report can range from a briefly reported association/recommendation to fully described information. Reports of investigation are organized around item numbers assigned at the time of scheduling. Items are grouped generally by coverage matter in reverse chronological order. All sources covering an item have the same item number. Developed items or situations requiring special reporting follow originally scheduled items.

Source Identification - Each source is fully identified by name, position title, and address where the interview took place.

**Testimony** - Information from a source contacted to cover an item becomes a testimony attributed to that source in the report. The first line of any testimony, whether personal or record, will show either "Acceptable" or "Issue(s)."

Issue Codes - A numerical code identifying the general nature of an issue raised in the investigation:

8 - Firearms/Weapons 1 - Intoxicants 9 - Miscellaneous 2 - Drug use 10 - Statutory debarment 3 - Financial responsibility 4 - Moral conduct 11 - Loyalty and security - Honesty 12 - Qualifications 6 - Violent behavior 13 - Associates 14 - Relatives 7 - Employment

Issue Seriousness - An alpha code identifying the seriousness of an issue raised in the investigation. With respect for suitability for any position:

"A" issues are minor and the conduct or issue, standing alone,

would not be disqualifying.
issues are moderate and the conduct or issue, standing alone,

would probably not be disqualifying.
issues are substantial and the conduct or issue, standing

alone, may probably be disqualifying.

issues are major and the conduct or issue, standing alone, would be disqualifying.

issues are other matters, such as qualifications, medical issues, or inconclusive results, that may affect your determination.

OFI Form 79A - Report of Agency Adjudicative Action on OPM Personnel Investigations accompanies the Case Closing Transmittal (CCT) in certain sensitive and non-sensitive cases that are Closed-Complete. The OPM adjudication section of the CCT will indicate when the form is attached. The form contains OPM's Basic Suitability Adjudication Determinations for the

The level of seriousness of any issues in the case is shown on the form, and the agency is given appropriate instructions to follow depending on the seriousness of those issues. It is the agency's responsibility to return the OFI Form 79A to OPM-FIPC when the agency has completed its final adjudicative action.

Certification of Investigation - This notice certifies that a background investigation on the person identified has been completed. The results of the investigation will be sent to the security office for a security/suitability determination. Agency certifies the results of the investigation have been reviewed, and a final determination was made. This notice should be filed on the permanent side of the person's official personnel folder after the final agency determination is made.

Case Closing Transmittal (CCT) - The results of investigations conducted by OPM are transmitted to the requesting agency with a Case Closing Transmittal (CCT). Each CCT contains the OPM case number; type/service of the case and extra coverage; subject's name, social security number, and date of birth; position; the agency's Submitting Office Number (SON) and Security Office Identifier (SOI); the agency's accounting and/ or case number, if any; information about attachments; OPM adjudication information; and the applicable closing notice. The CCT also contains an "Item Information" section which lists every item scheduled for coverage and developed during the investigation. Each item (ITM) has a unique number and includes: a description of its type (e.g., NAC search, employment, residence); the name, location and other identifying information concerning the item; the coverage method (CM); and the investigation results.

The CCT may also contain one or more Case Closing Comments, used to convey information about the item status or results and identify the reason a particular case does not meet OPM standards.

Item Numbers - NAC items are always identified by a letter followed by two numbers. Coverage items are identified by numbers only. When the personal interview is scheduled, it is typically identified as Item 001. Subsequent numbered items represent activities (e.g., residence, education, employment, law enforcement) scheduled for investigation.

Coverage Items

PRSI = Personal Interview

SUBS = Substance Involvement (alcohol/drugs)

RESI = Residence EDUC = Education

MEDI = Medical (mental/physical health)

EMPL = Employment REFE = Reference

FINL = Financial (bankruptcy/bad debts)

LAWE = Law Enforcement GENL = General (miscellaneous)

Item Types - NAC

= Security/Suitability Investigations Index A SII

SSII = Spouse SII

SIIF = SII File
SSIF = Spouse SII File
B FBIF = FBI FP Classification

FBFN = FBI Fingerprint Name SFPN = Spouse FBI Fingerprint Name

C FBIN = FBI Name

SFBN = Spouse FBI Name FBNF = FBI Name File

SFNF = Spouse FBI Name File

D DCII = Defense Clearance and Investigations Index
SDCI = Spouse DCII
DCIF = DCII File

SDCF = Spouse DCII File

E CRED = Credit

F SESE = Selective Service

G MILR = Military Record H OPF = Official Personnel Folder ITEM TYPES cont.

I INS = Immigration and Naturalization Service

SINS = Spouse INS INSF = INS File

SINF = Spouse INS File

J INVA = Investigative Agency K SECF = Security File

L CIAS = CIA Security Office
SCIS = Spouse CIA Security Office
N BVS = Bureau of Vital Statistics (birth or death)
O OUTS = Outside USA (coverage of foreign activity by another agency)

P NATG = National Guard

Q CGIN = Coast Guard Intelligence R PUBH= Public Health

S STPA = State Department Passport

U PERI = Periodicals V LICE = Licenses

C (Correspondence)

WSTSC = State Department Security X NCIC = National Crime Information Center

## Coverage Method (CM)

P (Personal) Item was scheduled for coverage by an investigator from personal source(s). R (Record) Item was scheduled for coverage by an

investigator from record(s).

Item was scheduled for coverage by an I (Inquiry)

inquiry form mailed to a source. Item was scheduled for coverage by T (Telephone)

telephone after initial attempt by inquiry was unsuccessful.

L (Linkage) Item was scheduled for coverage by

automated link with a NAC source. Item was scheduled for coverage by

letter(s).

**Results** - The results show the outcome of the investigation for each item. Results of items are reported as follows:

Acceptable All information provided about an item is

free of any issues or discrepancies which may

be construed as an issue.

Accept-Attach The inquiry or record is acceptable, but is

attached since it may contain additional

pertinent information.
The inquiry is acceptable, but the source Accept-Conf completing it requested confidentiality.

Record information is discrepant from that Discrepancy

furnished by the subject but does not constitute an issue or significant matter.

Information cannot be obtained without Fee Required paying a fee. Cost of case does not provide

for fee payment by OPM.

Issues(s) An issue, or discrepancy which may indicate an issue, has been raised either directly or

indirectly by a source or sources covering an

Issue(s)-Conf The inquiry has issue(s), and the source

completing it requested confidentiality. No Pertinent The record contains no pertinent

information.

The search was negative. No Record

Not Available Information is not available for review. The item is controlled by another agency **Not Completed** 

and OPM follow-up has not been successful. Results will be transmitted when/if they are

received.

**Not Contacted** Coverage was not obtained because the

source could not be contacted.

**Not Located** Coverage was not obtained because the

source could not be located.

**Prev Furnished** The file was previously furnished to your agency. If it is no longer available for review,

but deemed necessary, contact OPM-FIPC

for a copy. Subj-Unknown

Inquiry source has no knowledge of the

subject. Not Received

Coverage of the item was scheduled by inquiry; however, it has not been returned.

Record A record exists, and is either attached or

referred.

Referred Coverage of the item is contained elsewhere. Release-Reg Inquiry coverage could not be obtained without a specific release.

Unclassifiable

ssifiable fingerprint charts returned by

Undeliverable

The address of the source was incorrect or insufficient and the inquiry is undeliverable.

Unclassifiable Fingerprints - It is OPM's policy to Close-Complete SF 86 BI-type cases meeting OPM standards when fingerprints are unclassifiable after the second submission to the FBI. The first set of unclassifiable fingerprints is returned to the agency, which must supply OPM with another set of prints within 30 days. If OPM does not receive the second set of prints, these cases are Closed-Complete, not meeting OPM standards.

A second submission is also required for SF 86 NACI's if the original is unclassifiable. The NACI is Closed-Incomplete if OPM does not receive the second submission within 30 days of request.

NAC, SF 85 and SF 85P cases are closed complete meeting OPM standards after one fingerprint submission. If the search is unclassifiable, OPM will process one reprint free of charge at agency request.

Custody of Investigative Reports and Cases - The attached investigative material is the property of the Office of Personnel Management and may be recalled by OPM at any time. Its transfer to another agency is not permitted without prior approval of OPM. Release of this material to the subject of the investigation may be made only by OPM or with OPM approval, and any request for release of it should be immediately referred to OPM. While this material is retained by your agency, it must be safeguarded in a manner that will prohibit its unauthorized disclosure. Review will be limited to those persons whose official duties require it and who have been subjected to a favorable determination based on a background investigation.

Due Process Procedures - A person should have, whenever appropriate, an opportunity to explain or refute unfavorable information developed in an investigation before an adverse adjudication is made.

Use of Investigative Information - The information developed in the attached investigation may be discussed with the subject of investigation. However, the identifiers of the investigating agencies, the investigators, any Protected Source or Confidential Inquiry Source must not be disclosed, and the information must not be discussed in a manner that would disclose their identities. Questions about the use of protected source information should be directed to FIPC's Freedom of Information and Privacy Act Section (FOI/P) at 412-794-5612.

Written requests to have protected sources recontacted to determine their willingness to become open sources may be made.

If the source was developed in a NACI case, the request should be forwarded to FIPC's Suitability Adjudication Branch (SAB).

If the source was developed in a Background Investigation (BI), the request should be forwarded to FIPC's Background Processing Branch (BPB).

All sources identified in the reports of investigations conducted prior to September 27, 1975, are to be considered Protected Sources, except when the source is a public record or a Federal personnel record available to the subject on request. An agency is not prohibited from disclosing any sources of information obtained independently by the agency, such as through an interview of the subject or contact with other sources. Information from law enforcement records may be used, providing the arresting officer or witnesses are not specifically named as the source(s).

Agency Guidelines - Agencies should follow the guidelines in Title 5, Code of Federal Regulations, Parts 731, 732 and 736.

IF YOU NEED FURTHER EXPLANATION OF THE ABOVE INFORMATION, YOU MAY CALL AN OPM-FIPC LIAISON ASSISTANT AT COMMERCIAL 724 794-5228.

Office of Personnel Management **Federal Investigations Processing Center** P.O. Box 618 Boyers, PA 16018

Standard Form 88
Revised December 1990
U.S.Olfica of Personnel Management

QUES 96-302-396

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(For National Security) FPM Chapter 732 Casa Humbai OF LE DEC 1955 3000 Agency Use Only (Complete liems A firrough P using instructions in FPM Supplement 295-33 B Extra C Sensitivity E Nature of A Type of D Acoms F Date of di O notepiezevni 3014 Εσγητορο Livel Action Code Action G Geographic H Position Position ī Location Coda Tido Other Address 2IP Code None K Locason of Office NPRC cial Personnel Folder SON NOIS AT SCAL 1 1 1 Dinor Appross None ZIP Coda M Locaton of Security At SOI SOI Folder DNIOIS NPI 1 1 N OPAC-ALC D Accounting Data and/or **RIGIOIOIOIOI** 83926 Number **Agency Case Number** onaturo P Requestro Charles E. Mccmerca, Cl. Official 1412) 47672 Persons completing this form should begin questions below. Please type or print your enswers. · If you have only initials in your name, use them and State (10). FULL · If you are a "Jr.," "St.," "II," atc., onter this in the box after NAME · Il you have no middle name, enter "HMN," your middle name. असाभ Last Namo 2 3 3 0 Made Name Jt. II. ofc. Month SULLIVAN THOMAS PATRICK 03, 3 PLACE OF BIRTH . Use the two latter code for the State. 4 SOCIAL SECURITY NUMBER CITY County State Country of not in the United States) Evanston Cook LiL 3 14 12 12 5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former maniage, former name(s), that (es), or nickname(s)). If the other name is your malden hams, put "noe" in front of it. Montry var Montry ear Hame MonayYear Monunyour Namo Month Your Month Your (24) me Month/Year Month/Year Τa OTHER leight (fuot and inches) Wa-ght /poundst lax Color Lyo Color Sex (mark one trai) IDENTIFYING 5 '10" Fomolo X Maio INFORMATION 140 Brown Brown Work (include Area Code and extension) TELEPHONE Iama (includa Araa Codo) (X) Day NUMBERS ) Day (312) 222 9350 (708 + 256- 7539 ) Night_ ) Night CITIZENSHIP Mark the box at the right that h Your Momor's Madon Name lam b U.S. owen by birth in the U.S. X Answer homs b and d apples to you and lollow the I am a U.S. cuzen, but I was NOT born in the U.S Answer Homs b, c, and d instructions next to the box you Answer Jums b and a am not 1 U.S. obran. markod. Pauline Dellaye C UNITED STATES CITIZENSHIP. If you are a U.S. Citzen, but wise not born in the U.S., princips information about one or more of the lakewing probles of your objects by. Naturalization Certificate (Where were you naturalized?) Count City Carolicate Number Moritty Day/Year Issued 1 1 1 Cilizanahip Carifficate (Where was the certificate (saved?) City Corbbcato Number Montry Gaylyadivenold 1111 1111 State Department Form 240 - Report of Birth Abroad of a Citizen of the United States Give the date the form was MontryType Explanation prepared and give an opplanation if needed. DEC 0 4 '95 5117 U.S. Passport assoort Number MOVIDY DILYTY DOL ISSUED This may be either a current or previous U.S. Passport. 11111 C DUAL CITIZENSHIP II you are (or were) a dual career of the United States and another Country country, provide the name of that country in the space to the right. No ALIEN If you are an alien, provide the tolowing information; Place You State Date You Entered U.S. 30 Country of Citternship Entered the Monat Dar Year | Aken Registration Number United States: 1111111111

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FOR EACH ACTIVITY SECTION, provide information requested. For exemple, it you had worked at XY Plumbing in Denver, CO, for 3 separate pariets of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment in the appropriate blocks below that information. (For locations outside the U.S., show sky and country.)

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# ANSWER TO QUESTION NO. 15-POREIGN COUNTRIES YOU HAVE VISITED

Month/Year	Code	Country
12/94	2	Guatamala (one day)
9/94	2	France and Greece
1/94	2	Curacao
9/93	2	Prance
8/93 & 9/93	2	Israel
12/92 £ 1/93	2	Belize
7/92	2	Indonesia
6/92	1	England
12/90 & 1/91	2	Turks & Caicos
11/90	2	Cayman
8/90	2	England
7/90	2	England, Tanzania & Kenya
6/88	2	Canada
4/85	2	Spain



Standard Form 86
Revised December 1990
U.S.Office of Personnel Management
EDN Chapter 792

# QUESTIONNAIRE FOR SENSITIVE POSITIONS (For National Security)

Form approved: O.M.B. No. 3205-0007 NSN 7540-00-634-4036 8G-110

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B. Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," pool to b.  The you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.  Registration himber Logal Exemption Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.  Registration himber Logal Exemption Selective Service System? If "Yes," provide:  Deate of Discharge (Month and Year):  Deate of Discharge (Month and Year):  Type of Discharge:  Deate of Discharge (Month and Year):  Type of Discharge:  Deate of Discharge (Month and Year):  Type of Discharge:  Type of Discharge:  Deate of Discharge (Month and Year):  Type of Discharge:  Deate of Discharge (Month and Year):  Type of Discharge:  Deate of Discharge (Month and Year):  Type of Discharge:  Type of Discharge:  Deate of Discharge (Month and Year):  Type of Discharge:  Type of Dis		٠,,	SEI EC	TIVE	SERVICE	RECORD	ساسه اس			ه کار برای از در برای می برای می از در این این برای این برای این برای این برای برای برای می برای می برای می بر این برای در این برای		Y03	N
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reason for your legal exemption below.    Post   Po	•								:_		bo	<del> </del>	╁≏
Your Military Record  a. Have you ever received other than an honorable discharge from the military? If "Yes," provide:  Dete of Discharge (Month and Year):  Dete of Discharge (Month and Year):  Type of Discharge:  Type of Discharge:  If "Yes," it any disciplinary proceedings in the last 15 years and all courts-mantial, (include non-judicial and Captain's mast, etc.)  Wonth Year Citage or Sportcoton / Accent Taken  Price (City and countribute) if oreide the United States)  Your Bening date Read, quit, or felt, and other Information requested.  Vas the following cotes and explain the reason your employment was anoted:  1. Filed from a job 3 1-Left a job by mutual agreement following allogations of misconchard  2. Cut a job after being told  3. *Left a job by mutual agreement following allogations of misconchard  5. *Left a job ford  Nontrives   Cote   Specty teason    Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason   Specty teason	٠.							o ajou	••••	in took former had to a construction of the co			
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Deta of Discharge (Month and Year):  b. Have you ever been subject to count-manial or other disciplinary proceedings under the Uniform Code of Military Justice?  If "Yes," list any deciplinary proceedings in the last 15 years and all counts-mental. (Include non-judicial and Captain's mast, etc.)  MonthYear Charge or Specification / Action 78xen  Pisce (City and county/country if custion the United States)  SOUR EMPLOYMENT RECORD  Has any of the following happened to you in the fast 15 years? If "Yes," bogin with the most recent occurrence and go backward, providing data fixed, quit, or loft, and other Information requested.  Use the following podes and explain the reason your employment was ended:  1 - Fired from a job  3 - Year job after being paid 4 - Luft a job by moutual agreement following allogations of misconduct 5 - Left a job for other reasons under unfavorable dreumstan your being from the provided of unsatisfactory portermance  YOUR POLICE RECORD (Do not include anything that happened before your 18th bistricty).  Yes   Yes    YOUR POLICE RECORD (Do not include anything that happened before your 18th bistricty).  Yes   And you ever been charged with or convicted of any foliony offense?  A way you ever been charged with or convicted of any foliony offense?  A Have you ever been charged with or convicted of any offense (justice) and provided.  Have you ever been charged with or convicted of any offense (justice) and						ين الأسبالات		,	<b> </b>		والنبي النم	Yos	N
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Yo	UR ASSOCIATION RECORD	Yes	
8.	In the fast 15 years, have you been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in litegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?		,
b.	In the last 15 years, have you knowingly engaged in any acts or activities designed to overthrow the United States Government by force? If you answered "Yes" to a or b, explain in the space below:		]
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Slipe	Continuation Space continuation Space continuation space below to continue answers to questions 9, 10, and 11. Use the space below to continue answers and any information you would like to add. If more space is needed than what is provided below, use a blank sheet(s) of pleet with your name and Social Security Number. Before each enswer, identify the number of the question.	to all ou aper. S	ne te
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pfale	mpleting Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the loss and accurate, and then algn and date the following certification and eigh and date the release on page 10. If you estach an on for Federal Employment, make sure that it is updated and that any information added to the SF 171 is initialed and dated.	SF 171	
pfeti ical	and accurate, and then algo and date the following certification and algo and date the release on page 10. If you estach an ion for Federal Employment, make sure that it is updated and that any information added to the SF 171 is initiated and dated.  Certification That My Answers Are True  each question asked of me and understood each question. My statements on this form, and any attachme	SF 171	Ih
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pieti icali ad i n, a now	e and accurate, and then algo and date the following certification and algo and date the release on page 10. If you estach an on for Federal Employment, make sure that it is updated and that any information added to the SF 171 is initiated and dated.  Certification That My Answers Are True each question asked of me and understood each question. My statements on this form, and any attachme re true, complete, and correct to the best of my knowledge and belief and are made in good faith. I under ing and willfully statement or both.	onts to	thi



Director of Personnel Security

# U.S. Department of Justice

## Federal Bureau of Investigation

Washington, D.C 20535

BY COURIER Date: Return to Room To. Directo Attention. Deputy Director for Operations Attention: Office of the Director of Personnel Security. From: Director, Federal Bureau of Investigation homas Patrick Sullivain 42-22-75491 NAME CHECK REQUEST It is requested that this Bureau be furnished with all information available in the files of your agency's Office of the Director of Personnel Security Office of the Deputy Director for Operations, concerning captioned subject. Positive information should be attached to this form, classified where appropriate, and returned to this Bureau. If the requested check is negative, return this form with stamped notation to that effect. Date and Place of Birth Marital Status Spouse's Name Allases Sex Residence Address Occupation Current Employer Former Employments Contractor Position Applying For Clearance Level Additional Remarks captioned is a candidate Fer a Security Clearance - Deputy Director for Operations

NO RECORD

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QW.DCFBIWAA6.NAM/SULLIVAN, THOMAS PATRICK.DOB/19300323.SEX/M.SOC/342227548

TUE OCT 04 2005 09:00:17 1L01 DCFBIWAA6

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NO NCIC WANT SØC/342227548 NO NCIC WANT NAM/SULLIVAN, THØMAS PATRICK DØB/19300323 SEX/M AGCY: SPIN

### FBI CENTRAL RECORDS SYSTEM

### RESPONSE TO AN AUTOMATED INDICES RECORD CHECK

DOES NOT INCLUDE A FINGERPRINT CHECK

RUN DATE: 09/29/2005

TAPE: MANUAL

SEQUENCE NO: 1

PRT DATE: 09/29/2005

CIDN: TFH1054543

ORI NO: DCSPINOOZ

NAME: SULLIVAN THOMAS PATRICK

AKA:

DOB: 03/23/1930

POB:

SOC: 342-22-7548

SEX: RACE:

ADDR:

MISC:

UTD:

b7E



CASE MANAGER:

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PATFU,

ROOM 10861

DO NOT SEND TO FILE REVIEW

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Subjects	Nane. Thom	ws P. Su	sllivan		

b6 b7C Standard Form 86 (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 732 and 736

# QUESTIONNAIRE FOR NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036

5 CFR Parts	731, 732	, and 736													86-11	11	
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Citizenship	Certificate	(Where was ti	he cer	tificate issu	ed?)					1							
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United State						1	1	-						-			

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence; do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences.completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

World real World real	Sileet Address		Apt. #	City (Country)			Siale	ZIP Code
#1 5/86 To Present	1529 Greenwood			Wilmette			IL	60091
Name of Person Who Knows You	Street Address	Apt. #	City (Country	y)	State	ZIP Code	Telepho	one Number
Month/Year Month/Year #2 To	Street Address		Apt. #	City (Country)		-	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt.#	City (Country	у)	State	ZIP Code	Telepho	one Number )
Month/Year Month/Year #3 To	Street Address		Apt. #	City (Country)		<u> </u>	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country	γ)	State	ZIP Code	Telepho	one Number
Month/Year Month/Year #4 To	-Street Address		Apt. #	City (Country)		<u></u>	State	ZIP Code
Name of Person Who Knew You	Street Address	Apt.#	City (Country	<b>v</b> )	•State	ZIP Code	Telepho	one Number )
Month/Year Month/Year #5 To	Street Address		Apt. #	City (Country)	-		State	ZIP Code
Name of Person Who Knew You	Street Address	Apt. #	City (Country	()	State	ZIP Code	Telepho	one Number

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

*Use one of the following codes in the "Code" block:

I Stroot Address

1 - High School

2 - Collège/University/Military Collège

3 - Vocational/Technical/Trade School

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For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year Month/Year	Code	Name of School			Degree/Diploma	/Other			Month/Year Awarded
#1 9/49 то 6/52	2	Loyola Univ.	Law Scho	o1	LLB				6/52
Street Address and City (Country) of S	School ,							State	ZIP Code
One East Pearson	Stre	et, Chicago						IL	60611
Name of Person Who Knew You	Street A	ddress	Apt. #	City (Country	/)	State	ZIP	Code	Telephone Number
		·							( )
Month/Year Month/Year	Code	Name of School			Degree/Diploma	/Other			Month/Year Awarded
#2 _{To}	-								
Street Address and City (Country) of S	School		-					State	ZIP Code ·
Name of Person Who Knew You	Street A	ddress	Apt. #	City (Country	/)	State	ZIP	Code	Telephone Number
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Month/Year Month/Year	Code	Name of School			Degree/Diploma	/Other			Month/Year Awarded
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Street Address and City (Country) of S	School					·		State	ZIP Code
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#### YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- Code. Use one of the codes listed below to identify the type of employment:
  - 1 Active military duty stations
  - 2 National Guard/Reserve
  - 3 U.S.P.H.S. Commissioned Corps 4 - Other Federal employment
- 5 State Government (Non-Federal employment)
- 6 Self-employment (Include business name and/or name of person who can verify)
- 7 Unemployment (Include name of person who can verify)
- 9 Other
- 8 Federal Contractor (List Contractor, not Federal agency)
- Employer/Verifier Name. List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.
- Previous Periods of Activity. Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

'Month/	Year	Month/Year	Code	Employer/Verifier Name/Mili	tary Duty Location		Your Po	osition Title/Milit	ary Rank
<b>#1</b> 4/8:	1 To	Present	9	Jenner & Block	c LLP ·		Par	tner	
Employer's/	Verifier	's Street Address		,	City (Country)		State	ZIP Code	Telephone Number
- One	IBM	Plaza		· · · · · · · · · · · · · · · · ·	Chicago		IL	60611	(312) 222–9350
Street Addre	ess of J	ob Location (if diff	erent than	Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
					,				( )
Supervisor's	s Name	& Street Address	(if differer	nt than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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OF		То							
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(BIUCK # 1)	"""	To		1 comon time		Copon			
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Supervisor's	s Name	& Street Address	(if differen	t than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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Month/\	Year	Month/Year	Code	Employer/Verifier Name/Milit	ary Duty Location		Your Po	sition Title/Milita	ary Rank
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Supervisor's	Name	& Street Address	(if differen	t than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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Employer's/\	Verifier's Street Address			City (Country)		State	ZIP Code	Telephone Number
Street Addre	ess of Job Location (if diff	erent thar	Employer's Address)	City (Country)		State	ZIP Code	Telephone Number
Supervisor's	Name & Street Address	(if differer	nt than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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(Block #4)	Month/Year Mo	nth/Year	Position Title		Superv	isor		
Month/Y		Code	Employer/Verifier Name/M	litary Duty Location		Your P	osition Title/Milit	ary Rank
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Supervisor's	Name & Street Address	(if differer	nt than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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Supervisor's	Name & Street Address	(if differen	t than Job Location)	City (Country)		State	ZIP Code	Telephone Number
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July Of AAOI					1 Only (CO	аниу)		State   ZIF CODE
-ntor you	r Social Constritu I	uumba	r hafara anina ta tha	novt nome				10 00 7510

b6 b7C

YOUR SPOUSE  Mark one box to show your current	marital statu	us and provide info	mation about you	ii spouse(s) iii ileilis a. e	and/or b.			
1 - Never married		ļ	parated	_	5 - Divor			
X 2 - Married			gally Separated		6 - Wido	ved		
Current Spouse Complete the follo	wing about		<del></del>					
Full Name		Date of Birth	1	Place of Birth (Include	country if outs	side the U.S.)	Social Securi	<u> </u>
								6
Other Names Used (Specify maider	n name, nan		-	ow dates used for each	name)	1	es) of Citizenship	57C
		11/71 t		·	<u></u>	U.S.		
Date Married Pla	ace-Married	(Include country i	if outside the U.S.)					State
If Separated, Date of Separation		If Legally Se	parated, Where is	the Record Located? (	ity (Country)		l	State
Address of Current Spouse, if different	ent than you	ir current address	(Street, city, and c	country if outside the U.S	3.)	State	ZIP Code	•
·							<u> </u>	
Former Spouse(s). Complete the fo	llowing abo	<u> </u>			<del></del>		_ <del></del>	
Full Name		Date of Birth		Place of Birth (Include	country if outs	side the U.S.)		State
Susan A. Kreyer		1/6/34		Cook County		73		IL
Country(ies) of Citizenship	.: .	Date Married	4	Place Married (Include	country if out	side the U.S.)	1	State
U.S.	0.00	6/30/6		Glenview				IL
	onth/Day/Ye	ear in Divorced, '	vvnere is the Reco	rd Located? City (Cou	ntfy)			State •
Divorced Widowed	aite == 1=	untarif autolita iii			1 01-1-	71D Code	al Tolomber and	mbor
Address of Former Spouse (Street,	-	untry ii outside the	: U.S.) .		State	ZIP Code	Telephone Nu	mper
Deceased - 2	000						10 ).	
3 - Stepmother 7 - Stepo 4 - Stepfather 8 - Broth Code 17 (Other Relative) - include	l <i>(adopted al</i> child ner only foreign	· 11 - St 12 - Ha national relatives	epbrother epsister alf-brother not listed in 1 - 16	13 - Half-sister 14 - Father-in-lav 15 - Mother-in-lav 16 - Guardian with whom you or your	v spouse are bo	17 - Other Relative 18 - Associate* 19 - Adult Current bound by affection, o	obligation, or close	e and '
2 - Father (second) 6 - Child 3 - Stepmother 7 - Stepc 4 - Stepfather 8 - Broth Code 17 (Other Relative) - include continuing contact. Code 18 (Associontinuing contact.  Inne (If deceased, check box on the	(adopted all child ner only foreign ciates) - inclu	lso) 10 - St  · 11 - St  12 - Ha  I national relatives ude only foreign national  Date of Birth	epbrother epsister alf-brother not listed in 1 - 16	14 - Father-in-lav 15 - Mother-in-lav 16 - Guardian with whom you or your with whom you or your Country(ies) o	spouse are bo	18 - Associate* 19 - Adult Current ound by affection, ound by affection, o	obligation, or close obligation, or close	e and
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If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Molher, etc.), and the individual's name and date of birth on the first line (this information is needed to pair it accurately with information in items 13 and 14).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 Citizenship Certificate: Provide the date and location issued (City and State).
- 3 Alien Registration: Provide the date and place where the person entered the U.S. (City and State).

4 - Other: Provide an explanation in the "Additional Information" block.

Association #1	Name	Date	te of Birth (Month/Day/)	Year)
Certificate/Registration#	Document Code	Additional Information		
Association #2	Name	Date	te of Birth (Month/Day/)	Year)
Certificate/Registration#	Document Code	Additional Information		· · · · · · · · · · · · · · · · · · ·
YOUR MILITARY HISTORY			Yes.	No
Have you served in the Unit	ed States military?	en de la proposición de la prima de la companya de la companya de la companya de la companya de la companya de	x	B 195
Have you served in the Unit	ed States Merchant Ma	rine?		x

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

- •Code. Use one of the codes listed below to identify your branch of service:
- 1 Air Force
  - 2 Army 3 - Navy 4 - Marine Corps
- 5 Coast Guard 6 - Merchant Marine

7 - National Guard

- O/E. Mark "O" block for Officer or "E" block for Enlisted.
- Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.
- *Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year Month/Year	Code	Service/Certificate#	0	ΙĒ	1	Štá	atus		Country
Month real More real	Code				Active	Active Reserve	Inactive Reserve	National Guard (State)	Country
9/52 To 8/54	2	บรรร 292 790	<u> </u>	x_	x				
To									

D	YOU	R FOREIGN ACTIVITIES	Yes	No
	0	Do you have any foreign property, business connections, or financial interests?	x	
	O	Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?		х
•	Θ	Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)		x
	0	In the last 7 years, have you had an active passport that was issued by a foreign government?		х

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year Month/Year	Firm and/or Government	Explanation
T.o .	•	

#### FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

- •Use one of these codes to indicate the purpose of your visit: 1 Business 2 Pleasure 3 - Education
- •Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) frips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").
- Do not repeat travel covered in items 9, 10, or 11.

	Month/Year Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	То		See attached	#3 . To	0		,
#2	То		page	#4 To	· ·		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

342-22-7548 Enter your Social Security Number before going to the next page

# Item 17a, page 6:

From/To	Firm and/or Government	Explanation .
6/1/00 - 8/31/05	Diageo Plc ADR (DEO)	Investment New York- Great Britain, 300 shares
8/15/02 - 8/31/05	Abbey National Preferred Security (ANB.C)	Investment U.K., 1,600 shares
9/12/03 - 8/31/05	Willis Group Holdings LTD (WSH)	-Investment - New York- Bermuda, 325 shares
1/4/04 - 8/31/05	Daimler Chrysler AG (DCX)	Investment Germany, 76 shares
1/4/04 - 8/31/05	Total S.A. (TOT)	Investment France, 10 shares
4/1/05 - 8/31/05	Check Point Software Technologies Ltd. (CHKP)	Investment NASDAQ-Israel, 400 shares
8/18/05 - 8/31/05	Novartis AG-ADR (NVS)	Investment New York- Switzerland, 300 shares
8/26/05 - 8/31/05	Macquarie Global Infrastructure (MGU)	Investment Australia, 3,200 shares

# Item 18, page 6:

. From	То	Code	Country
8/95	8/95	1	Canada
3/96 .	3/96	2	France-Italy
12/96	. 12/96	2	Mexico
5/97	5/97	2	Belize
9/97	.9/97	2	Canada
12/97	12/97	2	Costa Rica
8/98	9/98 .	2	Italy-France
7/99	7/99	2	Denmark-England-Estonia-Finland- Germany-Norway-Russia-Sweden
10/99	10/99	2	Mexico
7/00	7/00	2	Canada
6/01	6/01 .	2	Canada
6/02	6/02	2	Canada
2/03	2/03	2	Mexico
5/03	5/03	1, 2	Belgium-Holland
6/03	6/03	1, 2	Canada .
11/03	12/03	2	Argentina-Brazil-Chile-Falkland Is Uruguay
1/04	1/04	2	St. Martin Is. (France-Netherlands)
6/04	7/04	2	France
9/04	10/04	1.	England
3/05	3/05	2	Mexico

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

# **QUESTIONNAIRE FOR** NATIONAL SECURITY POSITIONS

Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036



· ·			· . , .	, and		50-1	<u> </u>	
Pa			OFFIC JSE ONLY	IAL				
<b>(D)</b>	YOU	R MI	LITAF	RY RECORE	)		Yes	No
_						rge from the military? If "Yes," provide the date of discharge and type of discharge below.	,	
			evel it	sceived office		ige non the military: If Yes, provide the date of discharge and type of discharge below.	<b>」</b>	х
IVION	th/Yea	tr			Type of Discharge			
<b>A</b>	VOL	DOE	ECT	VE SEDVIC	E RECORD		Yes	No
	0				<u>-</u>	"No," go to 21. If "Yes," go to b.		х
	0	Have	you i			stem? If "Yes," provide your registration number. If "No," show the reason for your legal		
Regi	stratio	n Nur	nber		Legal Exemption Explanat	ion		L
						•		
0	YOU	R ME	DICA	L RECORD			Yes	No
	In the	e last	7 year	s, have you	consulted with a mental he	alth professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with		
•	anoti	her he	alth ca	are provider	about a mental health relat	ed.condition?		x
						nd the name and address of the therapist or doctor below, unless the consultation(s) involved	only marit	ai, family,
<del> </del>					ed to violence by you.		1	
Mon	nth/Ye	ar ·	M	onth/Year	•	Name/Address of Therapist or Doctor State	ZIP	Code
	<u>.</u>	T	<u>o</u>					
-		~	0				<del>                                     </del>	<u> </u>
	YOU	REM	PLOY	MENT REC	ORD		Yes	No
		•		• .	pened to you in the last 7 y ation requested.	rears? If "Yes," begin with the most recent occurrence and go backward, providing date fired	,	х
	Use	the fo	llowing	codes and	explain the reason your em	ployment was ended:		
			om a j			nutual agreement following allegations of misconduct 5 - Left a job for other rea		
		,	ob afte e fired	er being told		mutual agreement following allegations of under unfavorable circ performance	umstances	5
Mon	nth/Ye		Code		Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.) State	] ZIP	Code
				·				•
							ļ	
					,			
90	VOII			RECORD			<del> </del>	<u> </u>
	100	n PU	LICE	TECUMB	•		Yes	No
						te record in your case has been "sealed" or otherwise stricken from the court record. The clips under the Federal Controlled Substances Act for which the court issued an		
	-		•	•	e authority of 21 U.S.C. 844			
	A	Have		war baan ch	bargad with an appuirted of	any felony offense? (Include those under Uniform Code of Military Justice)		· •
							<del> </del>	X
	0		<u> </u>			a firearms or explosives offense?  ou for any criminal offense?	<del> </del>	X
	<b>a</b>			<u>_</u>		any offense(s) related to alcohol or drugs?		
	<b>O</b>		<u> </u>		····	martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include	x	
				I, Captain's		, , , , , , , , , , , , , , , , , , , ,		х
	0			•	= =	arged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above?  e violation was alcohol or drug related.)		х
							ـــــ	L

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.). See attached page.

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code
II.					
······································			<u></u>		L

Enter your Social Security Number before going to the next page-

342-22-7548

	YOUR	JSE C	F ILLEGAL	DRU	GS AND D	ACTIVITY							
	The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.							your lion	Yes	No			
0	crack co	caine	, hashish, na	rcotic		ine, codeine, hero				ce, for example, marijuana, co turates, methaqualone, tranqu			x
0	Have yo	u <u>eve</u>	illegally use	ed a co	ontrolled substan				prosecutor,	or courtroom official; while po	ssessing		
0	In the la	st 7 ye	ears, have yo	ou bee	en involved in the	illegal purchase,	manufacture,	trafficking, produ		er, shipping, receiving, or sale	of any		X
-						cannabis for your		,		tion drugs used, and the num	har of time	s oach w	X x
Me	onth/Yea		onth/Year	7		ed Substance/Pre			dioi prescrip	Number of Times			as useu.
		То			•								
		To											
<b>®</b>	YOUR L	JSE O	F'ALCOHOI	_								Yes	No
			ars, has you se or alcoho			erages (such as lic	quor, beer, win	e) resulted in any	alcohol-rela	ated treatment or counseling (	such as		x
-	If you an item 21 :			vide tl	ne dates of treatr	ment and the nam	e and address	of the counselor	or doctor be	low. Do not repeat information	n reported	in respo	
Mo	nth/Yea	r M	onth/Year		· · · · · · · · · · · · · · · · · · ·	N	ame/Address	of Counselor or-E	Octor		State	ZIP	Code
	<u> </u>	То	<del></del> -	-									
	·	То											
<b>@</b>	หงบล แ	NVES	<b>FIGATIONS</b>	REC	ORD						j	Yes	No
_	foli red	low to ceived	provide the , enter "Othe	reque: er" ag	sted information ency code or clea	below. If "Yes," b arance code, as a	out you can't re ppropriate, an	call the investiga d "Don't know" c	ting agency or "Don't rec	arance? If "Yes," use the cod and/or the security clearance all" under the "Other Agency leared, check the "No" box.		x	
			stigating Ag	ency				Codes for Secu	•	ce Received'			
	1 - Defer 2 - State		epartment		4 - FBI 5 - Tree	sury Department		0 - Not Require 1 - Confidential		Top Secret	formation	6 -	- L - Other
		•	rsonnel Mar	nagem		r (Specify)		2 - Secret		<ul> <li>Sensitive Compartmented Information 7 - Oth</li> <li>Q</li> </ul>			- Oniei
-	Month/\	/ear	Agency Code		Other Ag	ency	Clearance Code	Month/Year	Agency Code	Other Agency	,	C	learance Code
4_	to 6	/77	4				Other					-	
-	(3) To		raculadas h		ou suss bod o al			desired accessed		ed, or have you ever been del		Yes	No
,	fro	m gov		oloym	ent? If "Yes," giv					ed, or have you ever been det rade or termination of a securi			x
_	Month/Y	ear/		Dep	partment or Ager	cy Taking Action		Month/Year		Department or Agency T	aking Acti	on	1
-													
<u> </u>	V0110 5		DIAL DEGG	30					l .	•			· ¬
حيب			CIAL RECO		a netition under	any chapter of the	a hankruntov o	ode (to include C	hantar 1919		}	Yes	No X
						nished or had any							X
_		<del>-</del>				ainst your property							$\frac{\lambda}{x}$
		_ <u>-</u> -				gainst you that ha							x
						information reque	<del></del>	-					<u></u>
Mont	n/Year	T	pe of Action		Amount	Name Action C	Occurred Unde	r Name/Ad	dress of Cou	rt or Agency Handling Case	State	ZIP (	Code
				$\dashv$		1				'	-		
·····								1					
Ente	r your	Soc	ial Secur	ity N	lumber befo	re going to t	he next pa	ge		·	342	-22-7	7548

b6 b7C

# Thomas P. Sullivan

Item 23, page 7:

On May 31 or June	e 1, 1992, my	who was then
together with several of h	ner	were charged under a
Wilmette, Illinois ordinar	nce with	at
my residence at 1529 Gre	eenwood, Wilmette, Illii	nois. At that time I had sole
custody of my	and we were living ther	e together at 1529 Greenwood.
When this incident occur	red, I was in London, E	ngland on a business trip (May 3)
to June 3). I received a ti	icket under a Wilmette o	ordinance with having alcoholic
beverages in my house w	hen underage chil <u>dren l</u>	out no adult were present (Ticket
No. P3524724). On Janu	ary 15, 1993, my	and I went to trial in the
Circuit Court of Cook Co	ounty, District 2. We bo	oth were found not guilty by the
trial judge.		

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036 86-111

# UNITED STATES OF AMERICA

### AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink) / Full Name (Type or Print Legibly)			Date Signed
Ilinuas . Selle Thomas Patrick St	ulliva	n '	8/31/05
Other Names Used			Social Security Number
			342-22-7548
Current Address (Street, City)	State	ZIP Code	Home Telephone Number
· · · · · · · · · · · · · · · · · · ·			(Include Area Code)
1529 Greenwood, Wilmette	IL	60091	( ⁸⁴⁷ ) ^{256–7539}

,				-						
23 YOUR	INANCIAL DEL	INQUENCIES					-		Yes	No
n the la	st 7 years, have	you been over	180 days deling	quent on any debt(s)	?					х
	currently over 9			· · · · · · · · · · · · · · · · · · ·				-		x
				requested below:					<u> </u>	l
Incurred Month/Year	Satisfied Month/Year	Amount	Type of Lo	an or Obligation ount Number		Name/Address of Creditor or Obligee		State	ZIP	Code
PUBLIC	RECORD CIVI	L COURT ACT	IONS			,			Yes	No
In the la	st 7 years, have	you been a pai	rty to any public	record civil court act	tions not liste	d elsewhere on this form?			-	х
If you ar	swered "Yes," p	rovide the infor	mation about the	e public record civil	court.action re	equested below.			·	,
Month/Year	Nature of Ad	ction Res	sult of Action	Name of Parties	s Involved	Court (Include City and county/country if out	side U.S.)	State	ZIP (	Code
			•	-	•		,			
					** ** ·		- , ,			
YOUR A	SSOCIATION I	RECORD		<u> </u>		<u>L </u>		<u> </u>	Yes	No
Have yo	u over been en	officer or a mon	obor or mada a	contribution to an or	nanization do	, dicated to the violent overthrow of the Unite	nd States			
Governr	nent and which e					tion engages in such activities with the spe		to		:
lurther s	uch activities?						н.			х
have yo	u ever knowingly	y engaged in ar	ny acts or activiti	ies designed to over	throw the Uni	ted States Government by force?				х
If you ar	swered "Yes" to	a or b, explain	in the space be	low.		•				
				Cont	nuation Sp	ace				
	dd. If more spa		an is provided b	elow, use a blank sh	neet(s) of pap	er. Start each sheet with your name and S	Social Secu	rity Nurr	ber. Befo	
		- <b></b>				·		<b></b>		
	-		-	nts, you should revie release on Page 10	-	ers to all questions to make sure the form is	complete	and acc	urate, and	i then
·	······································	<del> </del>	C	ertification Tha	at My Ans	wers Are True				
made in go	Certification That My Answers Are True  My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).									
Signature (Sig	Yinxink) UOM	es (	) Se	elliva	le		Date	31/0	5	
Enter your	Social Sec	urity Numb	er before go	oing to the nex	t page -		342-	-22-7	548	

Standard Form 86 Revised September 1995 U.S. Office of Personnel Management 5 CFR Parts 731, 732, and 736

Form approved: OMB No. 3206-0007 NSN 7540-00-634-4036

# UNITED STATES OF AMERICA

### **AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

Carefully read this authorization to release information about you, then sign and date it in ink.

## Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

-0				<u> </u>
Signal ye (Sign in ink)	Full Name (Type or Prin	nt Legibly)		Date Signed
Hours Delleva	Thomas Patr	ick Sulliva	an	8/31/05
Other Names Used	•			Social Security Number
				.342-22-7548
Current Address (Street, City)		State	ZIP Code	Home Telephone Number (Include Area Code)
1529 Greenwood, Wilmette		IL	60091	(847) 256-7539

United States Department of Justice

Disclosure and Authorization
Pertaining to Consumer Reports
Pursuant to the Fair Credit Reporting Act
(Title 15, U.S. Code, Section 1681)

This is a release for the Department of Justice to obtain one or more consumer/credit reports about you in connection with your application for Federal employment, during the course of your Federal employment (including employment under contract), and/or in connection with your security clearance or your access to classified information. One or more reports about you may be obtained for purposes of evaluating your fitness for employment, promotion, reassignment, retention, access to classified information, or other employment purposes.

Thomas P. Sullivan	, hereby authorize the						
Department of Justice to obtain, and I further instruct any consumer/credit reporting							
agency to release to DOJ, any such report(s	) for the above purposes						
	Morros Leelliera						
	Signature						
	8/31/05						
	Date						
•	342-22-7548						
	Social Security Number						
	Jenner & Block LLP						
	Current Organization Assigned						

DOJ-555 Revised Dec. 2004 Security and Emergency Planning Staff SON: DNOS

PD BOX 109

PAGE: 1

# UNITED STATES OFFICE OF PERSONNEL MANAGEMENT DEFICE OF FEDERAL INVESTIGATIONS

**华水水水水水水水水水水水水水水水水水水水水水** 李宗帝本本本本本本本 杂本 公本 公本 本本本本本本本本本本本本 CASE CLOSING TRANSMITTAL

CLOSED: 02/28/1996

CASE ## 96302396 TYPE/SERVICE: NAC (R) - 35 EXTRA COVERAGE: 2X

NAME: SULLIVAN, THOMAS PATRICK

PITTSBURGH NAVAL REACTORS OFFICE

S5N≈ (b)(6) (b)(7)(C)

DOB: 03/23/1930 POSITION: LEGL-16

非非本本本本本本本本本本本本 MAIL TO 本本本本本本本本本本本本本本

SOI: DNOS

DEPARTMENT OF ENERGY

PITTSBURGH NAVAL REACTORS OFFICE

PO BOX 109

WE ST MIFFLIN, PA 15122 

AGENCY DATA: PI-83926 JENNER

DEPARTMENT OF ENERGY

WEST HIFFLIN, PA 15122

OPM ADJUDICATION: SEE ATTACHED OF I FORM 79A.

BALTIMORE, MD

THE ITEM INFORMATION SUMMARIZED BELOW, AND ANY REPORTS OF INVESTIGATION, INQUIRY FORMS AND/OR OTHER ATTACHMENTS WITH THIS TRANSMITTAL. COMPLETE THE INVESTIGATION REQUESTED ON THE PERSON I DENT IF IED ABOVE. SEE THE OF 1-50 WITH THIS TRANSMITTAL FOR ADDITIONAL INFORMATION.

RESULTS ITEM IDENTIFICATION/LOCATION ITM TYPE

## *********** 水水 南北北方水水 立过市水水水流 法联 水水油溶水 电传音 "李本安在市水水准平原本市中水平市中 **** *** NO PERTINENT Ł SII

ADL I NO RECORD BO 1 FBIF

NO RECERD 802 FREN

NO PERTINENT 001 DCII ACCEPTABLE EO1 CRED CBM EQUIFAX

* 本水本水水水水水水水水水水水水水水水水 ******************* END CASE CLOSING TRANSMITTAL

b7E per FBI

FUNCTION:	SUBJECT: SULLIVAN	SSN: (b)(6) (b)(7)(C)
******	*********	********
	**** INVESTIGATIONS SUMMARY ***	
CASE TYPE	STATUS CA DATE II	NVESTIGATING AGENCY SC F
NAC 96302396	CLOSED CM 02/28/1996	OPM Q Y
OFI-79 P860020635	CLOSED PHASE I CM 02/24/1986	N
OFI79SBI P0600166	RECEIVED 10/04/2005	D/JUSTICE N
LEVEL AUTHORIT	AGENCY PHONE # ***********  ************	GRANTED VALIDATED
DO YOU WANT TO INITIAT	E A FILE RELEASE REQUEST? Y (EN	TER Y OR N)
DO YOU WANT TO INITIAT	E A DCII SEARCH? N A JPAS SEARCH	? N (ENTER Y OR N)
*********	***********	******
(A) AGENCY MENU (E)	END	

Refresh Disconnect

SII FILE RELEASE REQUEST INITIATED
*******************
FUNCTION: This is the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
*************
· ·
POSITION SENSITIVITY: [ (1=NS, 2=NCS, 3=CS, 4=SS, 5=MR, 6=HR)
INVESTIGATING AGENCY: SOI -
INVESTIGATING AGENCI. SOI
INVESTIGATION TYPE: [ ] (08=NACLC, 09=ANACI, 11=PRI, 12=PRIR, 15=MBI,
18=SSBI-PR, 20=LBI, 25=BI, 30=SSBI, 39=OTHER)
DATE INVESTIGATION INITIATED: / / /
AGENCY FILE #:
AGENCY FILE LOCATION: SOI -
OR, IF NOT AT SOI, ENTER LOCATION BELOW:
AGENCY NAME:
AGENCI NAME:
ADDRESS:
**************
(A) AGENCY MENU (E) END

Refresh Disconnect